

D-Flector Order Form

Customer Name:		Order Date:	
Purchase Order #:		Contract or Service Order #:	

Billing Address:	Ship Address:	<input type="checkbox"/> Same as billing address
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Ship Via: SOS Ground Air Overnight Ocean

Requester's Name:		Telephone #:	
Title:		Fax #:	
Signature:		Email Address:	
Comments:		Box Markings:	

Please confirm my order by: Phone Fax Email

Escalator Make:	
Escalator Model:	
Escalator Rise:	inches* mm*
Escalator Incline:	degrees
Type of Balustrade:	<input type="checkbox"/> Metal <input type="checkbox"/> Glass

Number of D-Flector Kits Required**:	
Finish of Brush Holder:	<input type="checkbox"/> Silver <input type="checkbox"/> Black

*** If you do not know the exact rise of the escalator, fill out a D-Flector Field Survey Form to calculate the proper dimensions and submit with this order form.**

**** Use a new order form for any additional escalators that are not the same make, model and rise as indicated on this form.**