

New Customer Questionnaire

please complete as much as possible, **BLUE optional**

Name _____ Title _____

Telephone Number _____ Fax Number _____

Email _____ Contact Name _____

Building Name _____

Building address _____

City _____ State _____ Zip County _____

Mailing Address _____

City _____ State _____ Zip County _____

Quantity: Traction _____ Hydraulic _____ Escalator _____ W/C _____ D/W _____ RES _____

Rise/Floors : _____ (F / R) _____ (F / R) _____

Speed: (FPM) _____

What services are you interested in?

CONSULTING

____ **Installation/ Modernization/ Repair Project Review** (review of project underway/complete)

____ **Installation/ Modernization Project Administration** (Project planning, specification, contracts, bid review, project monitoring and acceptance)

____ **Service Contract Review** (Examine condition of equipment)

____ **Service Contract Administration** (specification, contracts, bid review, bill review, contract manage)

INSPECTION

____ **Commercial Annual Testing** (includes 3 Year testing)

____ **Commercial Annual Inspections** (not required on 2 stop Hydraulic elevators)

____ **Commercial 5 Year Testing**

____ **Residential Inspection**

___ **Dumbwaiter/Wheelchair Annual Inspection**

___ **Alteration Inspection** (list type of alteration) _____

___ **Acceptance Inspection and Tests**

___ **Temporary Operating Permit**

___ **Thermal Imaging**

SERVICE

Year Installed _____ **Manufacturer** _____ **Model** _____

What are you looking to accomplish? Reduce price, Increase preventative maintenance level, increase shutdown expertise, decrease downtime/response time, other _____

Prices vary depending upon services provided in contract. What are you interested in?

___ **Basic Maintenance** ___ **Premium Maintenance** ___ **Regular Time Calls** ___
Overtime Calls ___ **Perform Tests** ___ **Witness Tests** ___ **Normal Wear and Tear**
Parts covered ___ **Most Parts covered**

REPAIR / MODERNIZATION / INSTALLATION

Fax Bid Specification / Scope of work to 239-277-6288 for competitive pricing or looking for recommendations?

QUESTIONS OR REQUESTS FOR INFORMATION? _____

_____.

_____.

_____.

Appointment Schedule

Time to Review Equipment- Date ___/___/___ **Time** ___:___

Time to Discuss Contract- Date ___/___/___ **Time** ___:___