

Cordell Medical

Shipping Information Form

Tele 888-655-3534 Fax 804-262-1288

P.O.# _____

NAME _____

1. SHIP TO: NAME _____

ADDRESS _____

TELE _____ FAX _____

2. IS THE EQUIPMENT BEING SHIPPED TO:

- An existing building? YES NO
- A suite currently undergoing renovation? YES NO
- A new building currently under construction? YES NO

3. WHAT IS YOUR TENTATIVE DELIVERY DATE FOR EQUIPMENT? _____

**** IF RENOVATION/CONSTRUCTION IS DELAYED, PLEASE NOTIFY US IMMEDIATELY ****

4. APPROXIMATELY HOW FAR MUST THE EQUIPMENT BE CARRIED FROM THE TRUCK:

- To your entrance? _____
- From entrance to your suite? _____

5. CHARACTERISTICS OF DOORS LEADING INTO BUILDING:

- Are they double doors? YES NO
- Is there a ramp leading into the entrance? YES NO

6. IS YOUR OFFICE ON THE FIRST FLOOR OF THE BUILDING? YES NO

7. IF NOT ON THE 1ST FLOOR, IS THERE AN ELEVATOR?

- Is there a freight elevator? _____
- If you have stairs only, are they:
 - 1. U-Shaped? YES NO
 - 2. Straight up? YES NO
 - 3. How wide is the stairwell door opening? _____
 - 4. How many steps are there? _____

8. DOES YOUR BUILDING HAVE A RECEIVING/LOADING DOCK? YES NO

Do you want us to arrange for inside delivery
of your equipment from the loading dock? YES NO

9. DO YOU REQUIRE THE MOTOR FREIGHT COMPANY
TO UNCARTON YOUR EQUIPMENT OUTSIDE, BRING IT IN
AND SET IN PLACE & REMOVE DEBRIS YES NO

10. IS THERE ANY OTHER PERTINENT INFORMATION THAT MIGHT
BE HELPFUL IN MAKING THIS DELIVERY?
