

EARTHQUAKE UNIT

Company Name _____

Address _____

City _____ State _____ Zip _____

Date _____ Company Rep. _____

Phone _____ Cell _____ Fax _____

E-mail _____ E-fax _____

MODEL EQ

Building Name							
Controller Type							
No. of Cars			No. of Landings			Is Job Print Available?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Simplex		<input type="checkbox"/> Duplex		<input type="checkbox"/> Triplex		<input type="checkbox"/> Group	
Code Source: A.N.S.I.				Other			
Do you require a digital set of final prints?				If yes, please choose how you wish to receive the .pdf file:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Link to download <input type="checkbox"/> Disc			
Is Cabinet Needed?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							

**COMPLETE FORM AND FAX TO 954-933-4185
OR SAVE THE FILE AND SEND AS AN ATTACHMENT TO SALES@ELECTRODYN.COM**