



# Endeavour Industries Pty. Ltd.

*The Home Healthcare Specialists*

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Please copy this form for use and maintain the original.

## BANNISTER RAIL ORDER FORM

### JOB REQUIREMENTS

Quotation   
Manufacture   
Measure/Inspection by Endeavour

Date: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

### ASSESSOR DETAILS

Name & Discipline: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone: (w) \_\_\_\_\_ (mob) \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### CLIENT DETAILS

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alternative Contact Name: \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_

### INVOICE DETAILS

Organisation: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### DELIVERY/INSTALLATION DETAILS

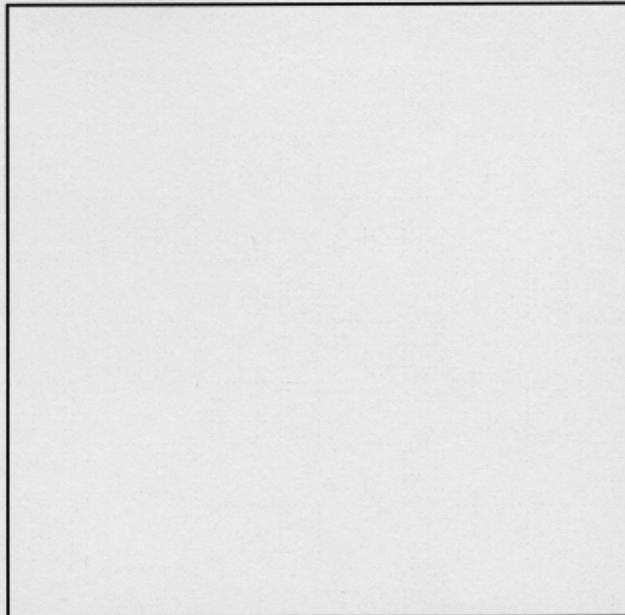
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### BANNISTER RAIL DETAILS/DRAWING

Endeavour to supply and install  Endeavour to supply and deliver only

REFER TO BANNISTER RAIL SECTION OF CATALOGUE FOR RAIL TYPES/DESIGNS AND MEASURING TIPS

INSERT DRAWING



Please specify/advise the following:

Rail Type: \_\_\_\_\_

Rail Location:  Front  Rear  Side  Other \_\_\_\_\_

Rail Measurements:

A = \_\_\_\_\_ B = \_\_\_\_\_ C = \_\_\_\_\_ D = \_\_\_\_\_

Mounting Surfaces: \_\_\_\_\_

Colour:  White  Black  Almond Ivory  
 Heritage Green  Dark Brown

Is the ground level?  Yes  No

Specify position of rail eg. Right hand side ascending:  
\_\_\_\_\_

**NB:** Please ensure that all measurements are accurate as Endeavour custom make bannister rails and therefore cannot accept returns.

Special Instructions: