



# Endeavour Industries Pty. Ltd.

*The Home Healthcare Specialists*

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Please copy this form for use and maintain the original.

## CHAIR RAISING PLATFORM 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: \_\_\_\_\_

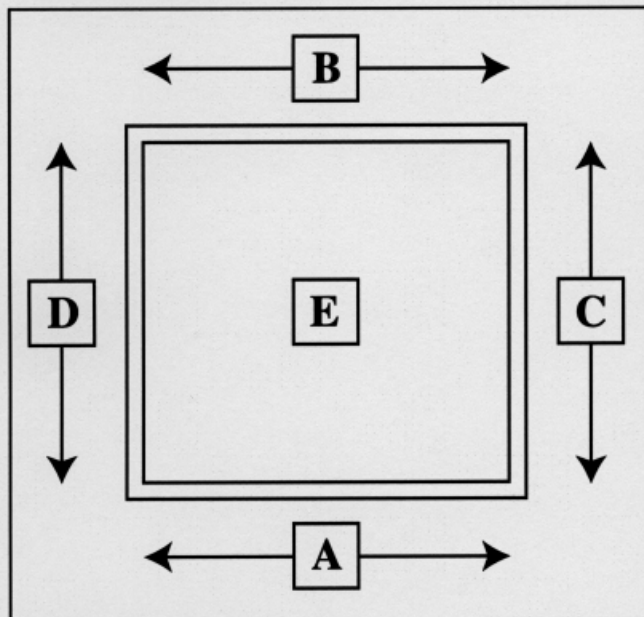
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### EQUIPMENT ORDER DETAILS

Endeavour to supply and install

Endeavour to supply and deliver only



**PLEASE REFER TO DIAGRAM AND SUPPLY THE FOLLOWING MEASUREMENTS**

**A** = Internal Measurement - Front:

**B** = Internal Measurement - Rear:

**C** = Internal Measurement - Side:

**D** = Internal Measurement - Side:

**E** = Height of Raise Required:

**NB:** This is a solid platform suitable for use on chairs. See "Raising platform for large items" form for items such as couches.

Special Instructions: