



Endeavour Industries Pty. Ltd.

The Home Healthcare Specialists

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Please copy this form for use and maintain the original.

REQUEST FOR QUOTATION RAMPS, WEDGES & PLATFORM STEPS

ASSESSOR DETAILS

Name & Discipline: _____

Employer: _____

Phone: (w) _____ (mob) _____

Fax: _____

Email: _____

INVOICE DETAILS

Organisation: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

CLIENT DETAILS

First Name: _____

Surname: _____

Address: _____

Phone: _____

Alternative Contact Name: _____

Alternative Phone: _____

DELIVERY/INSTALLATION DETAILS

Name: _____

Address: _____

Phone: _____

EQUIPMENT ORDER DETAILS

PLEASE SUPPLY A DIAGRAM OF PROPOSED WORKS

PLEASE SPECIFY

- Specify the location of proposed works internal/external, front/rear access
- Supply an Archicentre report if relevant
- Advise if there are any special requirements, eg. Matting required on ramps

Endeavour constructs ramps and wedges to AS1428.1