

ATD Installation Registration Form

Submit completed form to: ATD-AMERICAN CO. (Fax #215-576-1827)

QTY	Model#	Special Installation requirements

End user _____
 Installer performing work _____ Attach proof of insurance
 Dealer of Record _____ PO# _____
 Address _____ Sales Person _____
 City _____
 State _____ Zip _____

SITE INFORMATION: Y=Yes N=NO Circle one

Stairs: Y N How many _____ Install site: Facility Name _____
 # of Floors _____ # of Rooms _____ POC _____
 Lift Gate required: Y N Phone# _____
 More than 2 Man Delivery: Y N Fax# _____
 Remove Trash and Packaging: Y N Address _____
 Receiving Dock Available: Y N City _____
 Dock accessible by tractor trailer: Y N State _____ ZIP _____
 Email _____
 Freight Elevator: Y N Facility hrs _____
 Any door openings less than 32 inches: Y N If so how wide _____
 Any stair landings less than 5ftx5ft: Y N If so what are the dimensions _____
 Can the furniture be shipped directly to the end user and be installed on the following day: Y N

Additional Comments _____

*	Signature _____	Date _____
	Print Name _____	Title _____

It is the responsibility of the signer of this document to have complete and accurate information.
 Any changes that occur at the time of installation resulting in a cost increase will be the sole responsibility of the above signed dealership.

* Required