# **INSITU SOLUTION 1/2**

Name of establishment :				
Address :				
Postal code and town of establishment :				
Building - Floor - Room :				
Delivery contact name :				
Telephone number for delivery :				
Opening hours:				
Dealer name :	Concerns order no. :			
1/Delivery possible from today: otherwise from :			□yes //	□no —
2/ Access by lorries over 3.5 tor	ines :		□yes	□no
if not, by lorry weighing less that		:	□yes	□no
need for a lorry with tailgate for	unloading :		□yes	□no
3/ If several cabinets are deliver all go into the same room or bu			□yes	□no
4/ Delivery to quay, ground floo	r with a maximum of 2 steps	to climb,	□yes	□no
(50 metres of rolling included; b	peyond that, paying option):			
- Number of steps:			□0	
- Delivery to first floor by goods	lift:		□yes	□no
<ul><li>Floor (indicate the floor of eac Floor to be specified</li><li>Mandatory checks:</li></ul>	h room) :		□ground	□Level
a) Distance between the unload of equipment (paying option)	ling area and the location	I	⊐≤ 50 m	□> 50 m
How many extra metres :	m			
b) Positioning the equipment in 10 cm on each dimension and a to your calculation):		□ye o your	S	□no
c) Driving over obstacles (doors height in your calculation:	, etc.) allow 20 cm in	□yes		□no
d) Permissible floor load at the to be stored:	intended location greater tha	an the wei □y€		oment and products □no
If condition c) is not met, we in	wite you to contact our sales	s denartm	ant in arder	to define equipmen

If condition c) is not met, we invite you to contact our sales department in order to define equipment adapted to the constraints of the load on the ground.

If you answered «no» to any of the questions in point 4, the service requested requires further information. Please complete delivery questionnaire 2 on the next page.

Name of signatory: Stamp and Position: Signature :

## **INSITU SOLUTION 2/2**

#### PLEASE NOTE: IN ADDITION TO QUESTIONNAIRE NO. 1, FOR INSTALLATION BY PORTAGE

1/ If condition c) of the first solution is not met, we invite you to contact our sales department in order to define an equipment more adapted to your needs.

2/ Would you like a specialist to visit you to draw up an estimate for installing the equipment? (paying option):

Any erroneous or missing information that does not allow the equipment to be delivered will result in the service being re-invoiced in full.

3/ Stairs(s):

Please note: Allow an extra 20 cm for each of the cabinet dimensions (height, width and depth) to ensure that the cabinet will fit up the stairs.

TYPE	Useful dimensions	Minimum ceiling height	Floor or basement	Coating
Spiral staircase				
Straight				
Turning				
TA bearing(s)				
Number to be specified				

Door(s	) to	be	crossed	:
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- Number : door(s
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I lim	anciar	nc in	cm: Heiaht	x Width	
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Further information :	 	 

### SERVICES INCLUDED

Delivery	Delivery with 50 m drive from the unloading area to the equipment location
Organisation	Delivery on the day agreed between the service provider and the recipient
Recovery	Collection of pallets and packaging
MSE1	Check that the equipment is properly secured
MSE2	Connection between the box and the cabinet (if delivered together)
MSFL	Fitting the filter for the 12 and H Series
MSPL	Install the glass worktop on the H Series

#### **PAID OPTIONS**

Site visit	On-site technician for quotation
Rolling	Rolling over 50 m - Rate per additional 50 m
Truck < 3.5 T	Difficult access requiring a carrier < 3.5 T
Day of delivery	Imperative delivery day
Time of delivery	Time of delivery required

Name of signatory: Position:

Stamp and Signature :

IVV receives the right to modify the technical coeffications without prior potities addition line 2002