

DOORCLAMP ORDER FORM

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Requested By: _____ Date: _____

Department: _____ Phone Number: _____

Email: _____ Purchase Order Number: _____

Job Name: _____

Job Street Address: _____

City: _____ State: _____ Zip Code: _____

Front Door (Quantity): _____

Type of Door: Single Speed Two-Speed Center Opening

Direction of Door: Left-Handed Right-Handed N/A (center opening)

Number of Openings (front): _____

Hoistway Doors have GAL re-closers (grasshoppers) installed? _____ (yes or no)

Rear Door (Quantity): _____

Type of Door: Single Speed Two-Speed Center Opening

Direction of Door: Left-Handed Right-Handed N/A (center opening)

Number of Openings (rear): _____

Hoistway Doors have GAL re-closers (grasshoppers) installed? _____ (yes or no)