

ALLIANCE

ELEVATOR SOLUTIONS

ORDER FORM

Project Name: _____

Project Address: _____

New Construction Modernization Existing Hoistway

ELEVATOR TYPE:

MRL Hydraulic IPA (In-Pit Arrangement)

MRL Hydraulic EDA (Equipment Door Arrangement)

MRL Traction with controller closet

MRL Traction without controller closet

Hydraulic Elevator with machine room

Overhead Traction

MACHINE ROOM:
(Machine or controller room)

Architectural prints included

Use minimum size

Adjacent to hoistway

Located on floor: _____

Remote from hoistway _____ ft

POWER SUPPLY:

200-208V, 3Ph, 60Hz

230-240V, 3Ph, 60Hz

460-480V, 3Ph, 60Hz

Hoistway Size (WxD) : _____

Hoistway Wall Thickness: _____ Material: _____

Seismic Zone: _____

Expected Material Date: _____

Material Shipping Address: _____

Your Name: _____ Date: _____

Email: _____

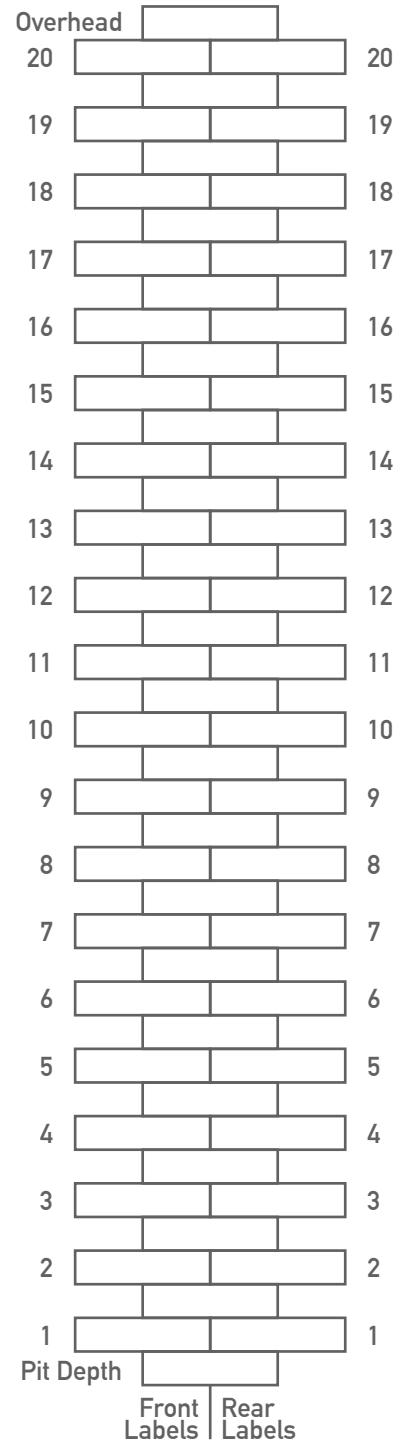
FRONT OPENING:

REAR OPENING:
(if applicable)

Right Hand

Center

Left Hand



Primary Egress: _____

NOTE: Projects that are canceled by the customer after the preliminary/submittal drawings have been released are subject to a 10% cancellation fee.

ELEVATORS, SIMPLIFIED.

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