BULLINGTON ASSOCIATES
New and Refurbished
Physicians' Office Equipment

OFFICE SET-UP CHECKLIST
Must Accompany Signed/Final Quotation

In order to better serve our customer, we will need a minimum of two-week set-up notice beginning with the date that all products will be available for delivery. Set-ups *accepted* with less than one-week notice will be subject to all appropriate charges incurred in order to expedite product and activities. Submit your order via facsimile and include all pertinent information including credit approval or payment terms. **A COMPLETED & SIGNED COPY OF THIS SET-UP SHEET MUST BE RECEIVED IN OUR OFFICE 48 HOURS BEFORE REQUESTED/SCHEDULED DELIVERY DATE.   NO ATTEMPT WILL BE MADE TO DELIVER WITHOUT A COMPLETED COPY OF THIS FORM.** If you have provided us with a completed form and your situation **changes regarding delivery, please notify us immediately.**

Date:	Requested Delivery Date	Requested Time	Revision Date:

Account Manager:	Office Phone Number	Revision Time:

Account Name:	Alternate Contact:	Cell or After Hours Number:

Shipping Address:	Any Additional Contact Names & Number

City, State, Zip	Any Other Information Needed

Existing Facility:	Under Construction?	If yes, then attach waiver
Yes No	Yes No	SOP# CS 8.9.1 Certificate of Occupancy Waiver Form

Loading Dock:	Elevator:	Back Entrance Delivery	Front Entrance Delivery
Yes No	Yes No	Yes No	Yes No

Stairs	Ramp Access	Parking Available	
Yes No	Yes No	Yes No	

Number of Existing Tables to Move (Please List)	Number of Existing Tables to Remove (Please List)
Note: Additional Charges May Apply	

Loaner Equipment Required (Please List)	Loaner Equipment To Pick Up (Please List)

Special Notes / Directions to the Facility

"I have read & understand delivery requirements noted above."

		Customer Signature:_____

OFFICE USE ONLY		
Quote Converted	**Trans Mgr. Notified**	**Whse Mgr. Notified**	**Sales Rep.**
To Sales Order	**Scheduled On Board**	**Order Ready/Complete**	**Notified of Changes**