

Order No. Reference

Project Information Sheet

Company: _____

Office Location: _____

Address 1: _____

Address 2: _____

Phone No. _____

Email: _____

Sales person: _____

Project Details

Installation Building Details: _____

Lift No's & Groups:

	Lift Numbering	No. of Lifts in Rise	Order Form Attached
Low Rise			
Medium Rise			
High Rise			
Extra Rise (if applicable)			
Goods Lift			
Total Lifts in Project			

NETWORKING OPTIONS

Networking Required: Yes No Note: Please attach building layout if networking is required

Number of Machine Rooms _____

Server Required: Standard Server (Inc PC and Software)
 Server Software Only None

Delivery Required By: Date:

Week No:

T: 0208 538 1770 F: 0208 538 1771
info@liftstore.com www.liftstore.com

Order No. Reference

Company: _____

Installation Building Details: _____

Installation Location (eg Lift No. 1): _____

Lift Rise/Group: _____

DISPLAY SETUP CONFIGURATION

Please tick appropriate

COMMUNICATION MODE

DCT Mode 1 DCT Mode 2

DISPLAY SETTINGS

Display Position: Lift Car Landing Level No. _____

Arrow Type: Traveling Arrow Direction Arrow

Arrow Display Time: Off Immediately Always on

Arrow remains on for _____ seconds (2 to 10) after input is lost

ENCODER SETTINGS

Input Type Gray Code Binary Discrete BCD Custom Truth Table

CLOCK/DATE SETTINGS

Show the time? Yes No

24 Hour Time? Yes No

Show the Date? Yes No

Enable Daylight Savings? Yes No

Daylight Savings Region: _____

Date/Time Colour: _____

FLOOR CHIME

Floor chime speaker required? Yes No

BACKGROUND SETTINGS

Single Background Colour Yes No If yes, colour required _____

Full Color Background Image Yes No

Note: Please attach or send through images and sketches of image layouts required. Images to be sent in BMP or JPG format.

FLOOR LEVELS

Require Floor Levels (eg, B, G, 1-14)

Colour: _____

