

Customer Delivery Information

Thank you for your recent Hospital Bed purchase! In order to best serve you in the most timely and effective manner, please complete the Delivery Information requests below in their entirety.

1. Does an existing bed need to be removed from the residence (please note additional charges may apply)? If yes, please provide the size, model, and image of the bed to be removed.

Yes No _____

2. Location of where the bed will be placed in the residence?

3. Which floor of the residence will the bed be going to?

4. Total number of steps the bed will be traveling up or down outside and inside the residence?

5. Width and Height Dimensions of all Doors and Hallways the bed will be traveling through?

6. Please provide pictures of ***all*** Doorways and Hallways the bed will be traveling through along with a picture of the room the bed will be placed in. A walk-through video of the path the bed will travel through in the residence will suffice as well.

We strive to provide the best customer service in the industry and want to make sure that the delivery of your bed is successful for you and your loved one. Please note that if the information above is not provided in its entirety or accurately, you will be responsible for any additional moving charges that may be incurred. Additional information may also be required based on the responses given.

Please be sure to have adequate space cleared for placement of the bed being delivered as the delivery specialists will not be responsible for moving any existing furniture or other items at the delivery location.

By signing below, you are acknowledging you have reviewed and answered the questions above accurately and in full.

Printed Name: _____

Signature: _____

Thank you again for your business and we look forward to serving you!