

VENDING MACHINE INSTALLATION CHECKLIST

PICK UP LOCATION		DELIVERY LOCATION	
Business name		Business name	
Contact		Contact	
Position		Position	
Telephone		Telephone	
Contact e-mail		Contact e-mail	
Address line		Address line	
State		State	
Suburb		Suburb	
Post code		Post code	
Number of Stairs involved		Number of Stairs involved	
Authorisation to remove Mach.?		Authorisation to install Mach.?	

Requested date of Transport	
Machine Brand	
Machine model #	
Narrowest door width (cm)	
Agreed position of the machine	
Power point available?	
Old machine removal date (if appl.)	
Is there clear room on LHS for 180degree door opening	
Loading area for Truck available? Solution?	
Delivery Truck parking restrictions? Solution?	

Form filled by: _____ **(Full Name)**

Signature: _____

Date: _____