

Date: / /

LOCATION ORDER

	Business Name:		Type of Business:		
	Address:				
	Suburb: Telephone: Contact Name: No. of Staff:		Email Address: Position:		
	Business Hours:		Access Hrs:		
	Installation After: (date) Location of Equ	ipment:			
	Existing Vending Services:				
	Location of Equipment Measurements		н	_ w	D
	Entrance Door: H W		Any steps before the front Entrance Yes/No		
	Other Doors (1) H W (2	:) н	w	(3) H	w
	No of Stairs No of Step	s inside	the building		
	Please provide a photo of where the machine will be located.				
It is mutually agreed that:					
1.	The equipment will be installed at no cost or obligation to the location.				
2.	The equipment will be kept clean, stocked, and maintained in a professional manner by the Vending Operator.				
3.	The vending equipment shall only be moved by the Vending Operator or their authorised carrier.				
4.	The vending equipment is the property of the assigned Vending Operator.				
5.	The vending equipment is to be located in an agreed position.				
6.	The vending equipment carries Full Comprehensive insurance (including Public Liability) by the Vending Operator.				
7.	Agreed Equipment:				
8.	Special Conditions:				
9.	Commission – YES / NO:				
At <u>I Want a Vending Machine</u> our aim is to provide reliable service and the highest quality equipment in the industry. Should you have any further queries regarding delivery please phone 0411 111 568. Any other queries please phone your vending operator (phone number supplied on installation).					
Approved by:					
Signature:					

Return completed form to info@iwantavendingmachine.com.au