



Vault Order Form

Name of Project: _____ Date: _____

Street Address: _____

City/State: _____

Contact Person: _____

Bill To:

Company: _____

Attention: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Purchase Order # (If Needed) _____

Turnaround Time: Regular Rush (50% Surcharge)

Shipment Method: Pick-Up U.S. Mail Overnight

Ship To:

Company: _____

Attention: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Number Of Copies: _____

ALL DIMENSIONS ARE TO THE OUTSIDE FACE OF VAULT

D= _____ ft L= _____ ft

D1= _____ ft L1= _____ ft

TYPE OF VAULT:

Concrete Modular 5-Sided

Steel Plate Liner 6-Sided

Lightweight Composite

Existing Vault?: Yes No (Show Location)

Concrete Slab: Existing New

Slab Thickness: _____ in.

Steel Floor Plate: Partial Full N/A

Plate Thickness: _____ in.

Plate Size: _____ in. x _____ in.

Wall Thickness: _____ in.

Thickness of Top: _____ in.

Concrete Strength: _____ psi

Clear Height Inside: _____ ft. _____ in.

Door Opening – Width: _____ ft. _____ in.

Height: _____ ft. _____ in.

Weight of Door & Frame: _____ lbs.

Wall # Door is Located: _____

Distance of Centerline of Door to Wall # _____: _____ ft. _____ in.

