

Please contact us for current pricing

ShurVend

"Guaranteed Delivery to Your Customer"

Big Eagle Enterprises

246 N. Sweetbriar Ave., Lindsay, CA 93247
Toll Free: 866-748-7836 – Fax: 559-562-1622
Jim: 559-901-6452 – Leslieann: 559-901-4334
Email: jimholve@big-eagle.com – Website: www.big-eagle.com

VISI-COMBO/NICHE DOOR PACKAGE ORDER FORM LOW-TEMP REFRIGERATED

FOR: _____ DATE: _____

SHURVEND VISI-COMBO PLUS NICHE DOOR PACKAGE # _____

BLACK _____ BLUE _____ RED _____ OTHER _____ (Sending swatch)

NICHE DOORS ARE POWDER COATED FOR LONGER LASTING LIFE AND BEAUTY.

DRINK SET-UP

OPTION #1 _____

Tray 5 – 12 oz. Soda Cans with Bottled Water (1 or 2) and/or Gatorade (1 or 2)

Tray 6 – 12 oz. Soda Cans

OPTION #2 _____

Tray 5 – 12 oz. Soda Cans only

Tray 6 – 20 oz. Soda Bottles

NEW STAINLESS MASK KIT # _____

Installed to protect the control panel

BILL VALIDATOR: U.S. _____ Canadian _____

CONLUX \$1 & \$5 (Steel Bezel) # _____

COINCO \$1-\$20 # _____

Turn Off \$20: Yes / No

MARS \$1-\$5 (Steel Bezel) # _____

MARS \$1-\$20 (Steel Bezel) # _____

Turn Off \$20: Yes / No

COIN ACCEPTORS: U.S. _____ Canadian _____

CONLUX 25, 25, 25, 10, 5 COINS # _____

*Substitute \$1 Tube for One Quarter Tube Above: Yes / No

MARS 25, 25, 25, 10, 5 COINS # _____

Field Tunable for Your Token

*Substitute \$1 Tube for One Quarter Tube Above: Yes / No

Token Value \$ _____

COINCO TUBE \$1, 25, 10, 5 COINS # _____

This Acceptor can be "Tuned" for Your Tokens by the COINCO Service Center Only. This acceptor can be setup to stack tokens and give change in tokens only. Token Value \$_____

e-PORT CREDIT CARD ACCEPTANCE MODULE # _____
Needs non-dedicated phone line (fits any ShurVend)

EXPRESSKEY INSTALLATION # _____

WASHCARD INSTALLATION MASK PREPARATION # _____

STARTER KIT "VISI" # _____

Sub-Total: _____

Sales Tax (if applicable): _____

Lift Gate Service at Destination _____

Shipping: 1100 # From Zip Code: 93247 To Zip Code: _____

Total Price: _____

Quote Number: _____

Desired Delivery Date: _____

Delivery Contact Person: _____ Phone: _____

Delivery Address: _____

Zip Code: _____

Ordered By: _____ Phone: _____

Billing Address: _____

Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Rev7.08

SPECIAL INSTRUCTIONS: _____
