



EI Solutions inc.

1.866.920.0021

START-UP REQUEST FORM

Please answer all questions and return this document to EI Solutions Inc. by fax 866-920-0737 or mail to ensure that factory start-up can be scheduled in a timely manner. No verbal requests for start-up will be honored. Indicate "N/A" if question is not applicable to this unit.

NOTE: We require a minimum 2-weeks advance notice for scheduling of Start-up.

Table with 2 columns: Question (1-14), Yes, No. Contains 14 checklist items regarding site accessibility, installation, and safety.

PLEASE BE SURE THAT THIS UNIT OR SYSTEM IS READY FOR START-UP PRIOR TO THE SERVICE REPRESENTATIVE'S SCHEDULED VISIT.

START-UP CONTACT INFORMATION

Form fields for Name, Title, Site Address, Job Number(s), Model Number(s), Serial Number(s), Phone, Fax, Store#, and Requested Date of Start-Up.

PLEASE NOTE: Start-up includes ONE INITIAL VISIT. Any and all additional visits will be billed at current rates portal to portal, plus all expenses. Also, any delays incurred during start-up, due to the installation not being complete, are subject to additional charges. I have read and understand this document and verify that the Munter's equipment is ready for start-up. This customer checklist has been reviewed and all items are completed. Any delays incurred during the Start-Up due to incomplete installation will be subject to additional charges.

ACCEPTANCE OF TERMS

Signature

Date

PLEASE COMPLETE AND FAX TO: (866) 920-0737

