



**Distributor:**


**Customer:**


**Equipment Install Date**

Month: \_\_\_\_\_

Day: \_\_\_\_\_

Year: \_\_\_\_\_

**Warranty Administration  
Fee Form Invoice No.**

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**Equipment Information**

1. Model No.		1. Serial No.	
2. Model No.		2. Serial No.	
3. Model No.		3. Serial No.	
4. Model No.		4. Serial No.	
5. Model No.		5. Serial No.	
6. Model No.		6. Serial No.	
7. Model No.		7. Serial No.	
8. Model No.		8. Serial No.	

**Fryer Installation Information**

**Supply Gas Pressure** \_\_\_\_\_

**Supply Voltage** \_\_\_\_\_

**Ventilation System (Check one)**

<input type="checkbox"/>	Closed Hood
<input type="checkbox"/>	Open Hood

**Remarks/Notes:**


**FOR FACTORY USE ONLY**

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Authorization No.:** \_\_\_\_\_

— Start-up Performed by Authorized Servicer?  Yes  No

— If No, Was Start-up Refused by Customer?  Yes  No

\_\_\_\_\_ Customer Signature \_\_\_\_\_ Date