

KIP America
39575 13 Mile Road
Novi, MI 48377

Tel: (800) 252-6793
Fax: (800) 672-1400
www.kipamerica.com



Pre-Installation Form

This form must be completed and returned to KIP America for scheduling of a technical representative for installation. Fax: (800) 672-1400.

CUSTOMER INFORMATION

CUSTOMER NAME: _____
ADDRESS: _____
PHONE: _____
CONTACT PERSON: _____ PHONE: _____
KEY OPERATOR: _____ PHONE: _____
KIP REPRESENTATIVE: _____ SERVICE ZONE: 1 2 3
50MI. RADIUS 100MI. RADIUS 100+MI. RADIUS
EQUIPMENT TO BE INSTALLED: _____ DATE OF INSTALLATION: _____

SITE INFORMATION

POWER REQUIREMENTS: _____ VOLTS _____ AMPS _____ PLUG TYPE _____
SPACE REQUIREMENTS FOR COMPLETE SYSTEM: _____ ARE SPACE REQUIREMENTS MET? Y N
CONSUMABLES ORDERED: TONER MEDIA DEVELOPER
OPTIONAL EQUIPMENT ORDERED (IE. FOLDER/STACKER): PLEASE LIST _____

DELIVERY REQUIREMENTS

LOADING DOCK AVAILABLE? Y N DELIVERY HOURS? _____
RIGGER REQUIRED? Y N HOW MANY? _____
STAIR CLIMBER REQUIRED? Y N NUMBER OF FLOORS? _____
SEP WIDTH: _____ DOOR WIDTH: _____ CORRIDOR WIDTH: _____
WILL AN ELEVATOR BE USED? Y N
ELEVATOR DIMENSIONS: _____ LOAD CAPACITY: _____
WILL FLOOR PROTECTION BE REQUIRED FOR DELIVERY? Y N
IS THE FLOOR CONDITION NOW SATISFACTORY? Y N CUSTOMER INITIAL: _____

PLEASE LIST ANY OTHER INFORMATION PERTINENT TO THE DELIVERY OF EQUIPMENT: _____

CUSTOMER SIGNATURE _____ DATE _____
KIP REPRESENTATIVE _____ DATE _____
ORDER # _____