

ZINK COMMERCIAL SERVICES., INC INSTALLATION QUOTE REQUEST FORM

JOB NAME _____ INSTALL DATE _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 DEALER NAME _____ PHONE # _____
 DEALER CONTACT _____
 INFORMATION REQUESTED BY _____

The above Job will involve: Please check all that apply with an "X" all complete any additional information.

DELIVERY _____	UNION Install YES _____ or NO _____
INSTALL _____	1st FLOOR DELIVERY YES _____ or NO _____
REFRIGERATION _____	RACK YES _____ or NO _____
COILS HUNG _____	# OF UNITS ON RACK _____
CONDENSING UNITS SET _____	HURRICANE RACK YES _____ or NO _____
PRE-ASSY'D REMOTE _____	PRE-CHARGED _____
(line length _____)	(line length _____)
START UP AND ADJUST SYSTEM _____	TURNKEY INSTALLATION _____

LOCATION OF CONDENSING UNITS _____
 INSTALLATION LOCATION INSIDE _____ OUTSIDE _____

ADDITIONAL EQUIPMENT NEEDED ON SITE: _____
 COMMENTS : _____

PLEASE NOTE ZINK IS NOT RESPONSIBLE FOR PENETRATIONS IN BUILDING OR ANY ELECTRICAL WORK

GENERAL CONTRACTOR _____	PHONE _____
PROJECT MANAGER _____	PHONE _____
DELIVERED BY INSTALLER _____	PHONE _____
INSTALLED BY _____	PHONE _____
REFRIGERATION BY _____	PHONE _____
CONTACT _____	PHONE _____

DEALER PO# FOR WALK-IN _____ SHIP DATE _____
 DEALER PO# FOR INSTALLATION _____ DATE NEEDED ON SITE _____
 KOLPAK ACKN/SO# _____

COMMENTS : _____

FAX FORM TO 614 - 899 - 9797 - ATTENTION INSTALLATION TEAM

