

New Customer Account Set up

Acct # _____

COMPANY: _____ PH: _____

OWNER/MGR: _____ CELL: _____

PHYSICAL ADDRESS: _____

FAX: _____ EMAIL: _____

AUTHORIZED TO PLACE ORDERS: _____

A/P PROCESSING CONTACT: _____ PHONE: _____

EMAIL: _____ FAX: _____

BILLING ADDRESS: _____

SEND ESTIMATES VIA: FAX _____ EMAIL _____ MAIL _____ ONLINE DATA BASE _____

SEND BILLS VIA: FAX _____ EMAIL _____ MAIL _____ ONLINE DATA BASE _____

_____ All gaskets are made to order at time of order ONLY. We do not keep gaskets in stock.

_____ There is a 3-4 business day lead time for installs & 2 business day lead time for all gaskets ordered for pick-up.

_____ We do not do a "trip" charge, however, we do a destination fee that is a flat rate for an area. There is not time added in with that fee.

_____ Special ordered parts will be pre-quoted and will require a signature before ordering item(s). If pre-payment is required, then you will be notified.

_____ Most special ordered parts will be quoted with installation unless otherwise specified Labor charges to be determined at end of job.

_____ When labor is quoted, we will always estimate labor time (based on experience & condition of equipment) before quoting. We will give you the max time to the least time estimated. If less time is used, we will reduce your final bill accordingly. If more time is needed, we will NOT add any more time to the job unless addressing other issues. You will be notified through job process if more complications or materials are needed.

_____ We have a 90 day guarantee on all our gaskets – with standard use. We do NOT warranty gaskets cut, torn or ripped by glass, knives or abuse. We only suggest using light soap and water to clean gaskets if necessary. DO NOT use anti-greasing agents on gaskets. During cleaning, excessive pulling in baffle area will cause gaskets to prematurely rip & will NOT be warranted. If equipment is vacuumed sealed, and gaskets are manipulated to break vacuum seal, gaskets are not warranted.

_____ We will do a periodical inspection checking on gaskets. How often would you like us to do your inspection? _____
Let us know the month you are inspected by your health department & we will come in 2 weeks prior to quote your gaskets.

IF YOU HAVE QUESTIONS ABOUT YOUR ESTIMATES, INVOICES OR SERVICE, PLEASE CONTACT OUR OFFICE AT: 251-626-0701

Signature: _____ Salesman: _____

Print: _____ Cell phone: _____

THANK YOU FOR YOUR BUSINESS!!!!

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