



AIM INSTALLATION REQUEST FORM

Job Name _____

Address _____ City _____ State _____ Zip _____

Dealer Name _____

Dealer Contact _____ Phone # _____

Information Requested By _____

THE ABOVE JOB WILL INVOLVE

Equipment Install _____	Union Install Yes _____ No _____
Removal/Disposal _____	Prevailing wage/Certified Payroll Required? Yes _____ No _____
Security Clearance Required? _____	If 1st Floor install is no, what level is the Walk-In on? _____
Gas/Electrical Hookup _____	Comments on location of Equipment: _____
Start-up _____	Drain Location _____
Installation Location _____	
Site Restrictions _____	
Comments _____	
Delivered by Installer _____	Phone # _____
Installed By _____	Phone # _____
Refrigeration By _____	Phone # _____
Contact _____	Phone # _____
Delivery Restrictions Yes _____ No _____	
If Yes, please explain: _____	

Ship Date _____	
Date Needed on Site _____	
Comments: _____	

Email Completed form to: Installs@aimnational.com