



## AIM WALK-IN INSTALLATION REQUEST FORM

Job Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dealer Name \_\_\_\_\_

Dealer Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Information Requested By \_\_\_\_\_

THE ABOVE JOB WILL INVOLVE
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Panel Install _____	Union Install    Yes _____    No _____
Refrigeration Install _____	Prevailing wage/Certified Payroll Required?    Yes _____    No _____
Removal/Disposal _____	Location of Condensing Units _____
Security Clearance Required? _____	If 1st Floor install is no, what level is the Walk-In on? _____
Lineset Length _____	Comments on location of Equipment: _____
Drain Location _____	# of Units on Rack _____
Installation Location    Indoors _____    Outdoors _____	
Hurricane Stand    Yes _____    No _____	
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](mailto:Installs@aimnational.com)