



FERTIBOOST STARTUP REQUEST FORM

Please provide as much information as possible on your request to insure promptness

Job Name _____
Address _____
City _____ Zip Code _____

Owner / End user _____
Phone # () _____
Contact _____

Contractor / Company _____
Address _____
City _____ Zip Code _____
Ph# () _____ Fax# () _____
Email Address _____
Field Contact _____ Ph# () _____

Product Info:
Model # _____
Serial # _____
PLEASE CHECK IF ANY OF THE FOLLOWING OPTIONS ARE INSTALLED
___ Flow Sensor ___ (Size) ___ Agitator
___ Quick Pad ___ Other _____

NOTE: IF ANY OF THE ITEMS LISTED ARE NOT COMPLETED AND OUR TECHNICIAN CANNOT COMPLETE THE START-UP PROCESS, THERE WILL BE A SERVICE FEE OF \$120 PER HOUR FOR A RETURN SERVICE CALL

Please Send Form Via:
Phone# 714-696-7535
Fax# 714-792-2926
Email: Support@ImperialTechnical.com