



CUSTOMER			DATE	
ADDRESS		CITY		STATE
CONTACT			TELEPHONE	
DAYS OPEN PER WEEK		HEALTH		HOSPITALITY
CURRENT # OF RESIDENTS		# OF ROOMS AVAILABLE		# OF GUESTS
AVERAGE # BEDS PER ROOM		WATER HARDNESS		SIZE OF RESIDENCE (SQ. FT.)
MACHINE DATA #1	MACHINE DATA #2	MACHINE DATA #3	MACHINE DATA #4	
MANUFACTURER _____	MANUFACTURER _____	MANUFACTURER _____	MANUFACTURER _____	
MODEL _____	MODEL _____	MODEL _____	MODEL _____	
AVG. #'s/LOAD _____	AVG. #'s/LOAD _____	AVG. #'s/LOAD _____	AVG. #'s/LOAD _____	
AVG. LOADS/DAY _____	AVG. LOADS/DAY _____	AVG. LOADS/DAY _____	AVG. LOADS/DAY _____	
RUN DAYS/WEEK _____	RUN DAYS/WEEK _____	RUN DAYS/WEEK _____	RUN DAYS/WEEK _____	
SOIL CLASSIFICATION #1	SOIL CLASSIFICATION #2	SOIL CLASSIFICATION #3	SOIL CLASSIFICATION #4	
LOADS/DAY	LOADS/DAY	LOADS/DAY	LOADS/DAY	
1 _____	1 _____	1 _____	1 _____	
2 _____	2 _____	2 _____	2 _____	
3 _____	3 _____	3 _____	3 _____	
4 _____	4 _____	4 _____	4 _____	
5 _____	5 _____	5 _____	5 _____	
6 _____	6 _____	6 _____	6 _____	
CURRENT RESULTS				
G = GOOD F = FAIR P = POOR Y = YES N = NO				
_____ CHLORINE RES.	_____ SOIL REMOVAL	_____ STAINING	_____ BRIGHTNESS	
_____ IRON RES.	_____ FEEL	_____ ODOR	_____ COLORS	
_____ pH	_____ WRINKLES	_____ STATIC	_____ WATERPROOFING	
COMMENTS:				

	#1	#2	#3	#4
VOLTAGE				
SUPPLY SIGNALS / STEP MODE				
CURRENT DISPENSING SYSTEM				
PROPOSED PRODUCT / OZ. LOAD	#1	#2	#3	#4
	#1	#2	#3	#4
IS LAUNDRY MACHINE WORKING PROPERLY				
DOES PROGRAMMING NEED TO BE DONE				
ARE 110 VAC OUTLETS AVAILABLE				
ARE SUPPLY SIGNALS PROVIDED				
IS IT MICROPROCESSOR CONTROLLED				
CONTAINER SIZE RECOMMENDED				
FLUSH MANIFOLD: YES / NO				
ADDITIONAL TUBING				
Y's OR T's FOR TUBING				
EXTRA WIRE NEEDED				
VELCRO OR BRACKETS FOR CONTROL HEAD				
WILL REMOTE BE REQUIRED				