



TopKAT START-UP FORM

IMPORTANT: Failure to complete and return this start-up form will void product warranty.

1. SITE IDENTIFICATION

Customer _____ Start-Up Date: _____

Location: _____ Distributor: _____
 (Street) _____

_____ Distributor Phone No: _____
 (City, State, Zip Code) _____

Contact: _____ Start-Up Person: _____

Customer Phone No: _____ ASR Company _____

Installer: _____

2. COMMUNICATION

Data Terminal: _____ Which Port? Port 2 Port 3 _____ baud

Modem and Phone Number: _____ Which Port? Port 2 Port 3 _____ baud

Are wires in metal conduit? Yes No

3. SYSTEM IDENTIFICATION

System Serial #: _____ Program Name/Date: _____

4. PARTS USED:

FOR DISTRIBUTOR SERVICE, PLEASE INDICATE SOURCE OF PARTS USED:

- DISTRIBUTOR STOCK* GASBOY LANSDALE
 OTHER _____

*NOTE: If source of parts used is DISTRIBUTOR STOCK, enclose defective item(s), white, yellow, and pink copies, along with the WSR and submit to Gasboy International, Inc. 707 North Valley Forge Road, Lansdale, PA 19446 for inspection and replacement if warrantable.

Part #	Description	New Serial #	Old Serial #	Reason Changed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. SYSTEM APPROVALS

Customer Comments: _____

I am satisfied with the installation of the Series 900 System and have been trained in its use and operation.

_____ Date _____ Start-Up Tech Signature _____ Date _____

Customer Signature Date Start-Up Tech Signature Date