

DATE:	INVOICE #
CUSTOMER:	
CONTACT:	SITE CONTACT:
PHONE:	
INSTALL ADDRESS:	

TYPE OF VEHICLE	
VEHICLE VIN#	PLATE #

INSTALL	
INSTALL DATE:	
INSTALL CREW:	
CONTACT:	
PHONE #:	FAX#:
ADDRESS:	
TIME IN:	TIME OUT:
TIME SPENT CLEANING:	
DOWN TIME:	TEMPERATURE:

PRE-INSTALLATION CHECKLIST (CHECK ALL THAT APPLY)	
VEHICLE CONDITION: ( NOTE ANY DAMAGE TO VEHICLE )	
CUSTOMER SIGNATURE: ( ONLY REQUIRED IF VEHICLE DAMAGE WILL VOID INSTALL WARRANTY )	
X	
WAS THE VEHICLE - CLEAN _____ DIRTY _____ VERY DIRTY _____	
REMOVED - DIRT___ GRIME___ DUST___ MUD___ ADHESIVE	
CLEANING METHOD: DETERGENT & WATER ( POWER-WASHING ) _____ XYLENE _____ HEPTANE _____ ETHYLACETATE _____ DENATURED ALCOHOL _____ ISP ALCOHOL 70% _____ VM&P NAPHTHA _____ OTHER _____	
ALL CHEMICAL RESIDUE REMOVED:	
HEAT ALL SEAMS, RIVETS, DOOR JAMS	
REMOVE ALL CONTENTS FROM BOX AND INSURE YOU HAVE ALL GRAPHICS AND LAYOUTS BEFORE YOU BEGIN	
BEFORE YOU START APPLICATION MAKE SURE GRAPHICS WILL FIT VEHICLE	

POST-INSTALLATION CHECKLIST (CHECK ALL THAT APPLY)	
SEAMS ALL TRIMMED, TUCKED AND SEALED	
RIVETS ALL SEALED	
BUBBLES REMOVED	
EDGES AND SEAMS RESQUEEGED, BRUSHED AND HEATED	
PENCIL MARKS REMOVED	
WORK AREA CLEANED AND TRASH THROWN AWAY	
PICTURES TAKEN OF VEHICLE - ALL ANGLES	
CUSTOMER SIGNATURE OF APPROVAL	
X	

NOTES: