

Cambridgeport

VERIFICATION FORM FOR ISOLATION RAILS & CURBS

Company: _____	Date: _____
Sales Person: _____	Customer PO# _____
Job Name: _____	Fax: _____
Tag: _____	

All orders for Isolation Rails and Curbs require **COMPLETE** unit model number and weight of the units. Please provide us with the proper information so that we can proceed with your order.

WE CANNOT ENTER OR PROCESS YOUR ORDER WITHOUT THIS INFORMATION

QUANTITY

UNIT MODEL #

Please complete the bottom of this form, providing the unit has any of the following options or accessories that have been added to the standard unit. If your unit has had any other options or accessories other than the ones listed, please write in the information.

WEIGHT

<input type="checkbox"/>	_____	ECONOMIZER	STANDARD UNIT WEIGHT
<input type="checkbox"/>	_____	BAROMETRIC RELIEF	_____
<input type="checkbox"/>	_____	POWER EXHAUST	
<input type="checkbox"/>	_____	ERV	TOTAL UNIT WEIGHT
<input type="checkbox"/>	_____	ELECTRIC HEAT	_____
<input type="checkbox"/>	_____	GAS HEAT	

Approved By: _____

Date: _____

(Customers Signature)

Please Return via Fax to Inside Sales @ 978-517-5002