



PURCHASE ORDER FORM

Dealer Information:

Dealer Name _____ Salesperson Name _____

Address _____

Store Phone No. _____

Customer Information:

Customer Name _____ Phone No. _____

Address _____

Pricing:

System Description/Model	_____
Unit Price	\$ _____
Tax (if applicable)	\$ _____
Freight Charge	\$ _____
Tax (if applicable)	\$ _____
Basic Installation Charge	\$ _____
Tax (if applicable)	\$ _____
Additional Installation Charge	\$ _____
Tax (if applicable)	\$ _____
Drop Ship to Consumer Home	\$ _____
Preventative Maintenance Program	\$ _____
Tax (if applicable)	\$ _____
TOTAL PACKAGE PRICE	\$ _____

Customer Agrees:

- * Site placement of the generator system is to be reviewed with the contractor before installation begins. INITIAL _____
- * Customer must obtain written permission for installations from all block groups, homeowner's associations, etc. before work begins. INITIAL _____
- * Required variances of any kind are the customer's responsibility, and permits must be obtained before work begins. INITIAL _____
- * If required by local ordinances, noise reduction items such as fences, shrubs, or skirting of any kind are the customer's responsibility and must be installed before final inspection. INITIAL _____
- * Pre-existing wiring on the home that requires an upgrade to bring the home's electrical wiring up to new code is the customer's responsibility. INITIAL _____
- * Any charges for local grounding regulations are the customer's responsibility. INITIAL _____
- * The customer must be present to review the operation of the unit after installation. INITIAL _____

Dealer Signature _____ **Customer Signature** _____



PREVENTATIVE MAINTENANCE ORDER FORM

Date _____ Service Agreement No. _____

Dealer Information:

Customer Information:

Dealer Name _____ Customer Name _____

Representative _____ Address _____

Address _____ Phone No. _____

Phone No. _____

The following services will be performed per the agreement:

- Replace oil filter
- 2 spark plugs (1 on 7 kW units)
- Change synthetic oil
- Replace air filter
- Check battery connections

The items in the PMA Check List will be inspected, corrected and checked off.
Any additional maintenance will be discussed with owner before corrective action is taken.

PMA One Time Service:	\$ _____
Tax (if applicable)	\$ _____
Additional Parts:	\$ _____
Tax (if applicable)	\$ _____
Additional Labor Time:	\$ _____
Tax (if applicable)	\$ _____
TOTAL CHARGE:	\$ _____

Dealer's Signature _____

Owner's Signature _____



PREVENTATIVE MAINTENANCE ON-SITE CHECKLIST

Dealer Information:

Dealer Name _____

Address _____

Phone No. _____

Customer Information:

Customer Name _____

Address _____

Phone No. _____

System Information:

System Model _____

Serial No. _____

Hours (meter reading) _____

Next Inspection Date ____/____/____

Items Inspected/Tested	OK	Not OK	Other	Items Inspected/Tested	OK	Not OK	Other
1. Electrical System - General Information				5. Lubrication System			
A. Control & power connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Oil level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Wire insulation condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Crankcase breather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Safeties and alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Cooling System			
D. Cabinet, panels & platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Engine cooling air obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Generator				B. Outside cooling air obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Voltage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Fuel System			
B. Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Flexible lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Wire conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Exhaust System			
E. General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Muffler & support system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Battery System				B. Exhaust obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Battery charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Transfer Switch			
B. Terminals tight & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Connections tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Battery position tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Relay tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Engine				C. Main contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Mounting bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Entire System			
B. Air cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Inside compartment clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alternator bolts to engine tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Exercise unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Governor & linkage correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E. Inspect for oil leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F. Spark plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Notes _____

Customer _____

Signature _____

Service Technician _____

Signature _____