



INSTALLATION CONFIRMATION

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Fax this completed sheet back to the attention of:
Service Department - Installation Section
Fax Number: (814) 724-6287

Customer: _____
End User: _____

ChipBLASTER Model: _____
Purchase Order: _____
Serial Number: _____
Date Faxed: _____

Your ChipBLASTER Unit was shipped on _____. Based on this ship date, we would like to begin scheduling the installation of your machine. To assure an efficient installation of your ChipBLASTER Unit, please complete the following list and agree to the terms.

We agree the following items and conditions will be completed by this date: _____

Yes The ChipBLASTER Unit will be uncrated, leveled and moved within 10 ft. of the mating machine cabinet and coolant tank that it is being installed on.

Note:

Leveling pads are shipped inside the ChipBLASTER Unit and it will have a standard 15 ft. pre-wired power interface to connect to the CNC machine.

NOTE: This space must be filled out and initialed.

The ChipBLASTER Unit will come standard with 15 ft. of hose. If more hose length is required, please specify below. IF hose type and length is not specified, the customer will be responsible for the purchasing, freight and installation cost of the required hose.

Hose Type: _____ Feet required: _____ Initial: _____

1. Name, model, power and electrical interface specifications of the CNC machine that the ChipBLASTER Unit will be installed on.

Name of Machine: _____

Model of Machine: _____

Yes 2. The install modification of the CNC machine being hooked to the ChipBLASTER Unit will be completed. This means the CNC is prepped for high pressure and ready to be tested upon completion of installation of the ChipBLASTER Unit.



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Yes 3. Electrical service (3 phase) will be run to the ChipBLASTER unit. This applies only if The power is coming from a source other than the mating machine.

N/A Electrical Service is: 230 volt 460 volt

Yes 4. All turret and tooling modifications will be completed at your facility

Yes 5. Arrangements have been made to fill the coolant tank on the ChipBLASTER unit after the ChipBLASTER technician has performed the post shipment inspection.

Additional Comments:

Note: If the machine to which the ChipBLASTER unit is scheduled to be connected is not ready for installation and the above conditions have not been met upon the arrival of ChipBLASTER technician personnel and ChipBLASTER has not received notification in writing at least 48 hours prior to the above scheduled installation date, you will be billed at the rate of \$90/hr for travel time, and delayed time at your site, plus any additional parts cost and expenses incurred due to the delay or incorrect information.

Signed by: _____

Title _____

Date: _____

ChipBLASTER, Inc - 13605 South Mosiertown Road - Meadville PA 16335 - Phone: 814/724-6278 - FAX: 814/724-6287