



Request for Start-Up Service

Hastings HVAC, Inc. Order No. _____ Date: _____
Customer Order No. _____
Customer _____

This form must be completed by the customer and forwarded to Hastings HVAC, Inc. before our serviceman can be scheduled to visit the job site to start-up the equipment for which a start-up service has been purchased in the original equipment purchase order. If any of the conditions of this form are not completed when our serviceman arrives, the customer is responsible for all expenses incurred by the serviceman (at the normal rate) and will be billed accordingly. This invoice must be paid in full prior to rescheduling the serviceman. Allow at least ten (10) working days after the request is received by Hastings HVAC Inc. for the Service Department to schedule the start-up.

MAIL TO: Hastings HVAC, Inc., 3606 Yost Avenue, Hastings, NE 68901-1966
Phone 402-463-7211 Fax: 402-463-6273
ATTENTION: Service Department

EQUIPMENT INSTALLED AT _____ TELEPHONE NO. _____

NAME OF EQUIPMENT OWNER CONTACT _____ TELEPHONE NO. _____

INSTALLING CONTRACTOR _____ TELEPHONE NO. _____

Person to be contacted at the job site: (Contractor and Facility Manager) _____

Name(s) of persons at job site who are to be instructed in the operation and maintenance of the equipment.

Are components, which were shipped separately, installed and wired?.....Yes Y No Y
Is adequate fuel supply and piping completed to heater?.....Yes Y No Y
Is electric wiring completed? Yes Y No Y
Have the gas or oil supply lines been bled of air? Yes Y No Y
Is there safe and suitable access to the equipment? Yes Y No Y

Number of units which are ready for start-up _____

I CERTIFY UNIT(S) WILL BE READY FOR START-UP ON _____(DATE)

Signature _____
Title _____