



Preventive Maintenance SU# _____

Company: _____ Address _____ CF#: _____

Contact Name 1: _____ Contact Name 2: _____ PO#: _____

Title: _____ Title: _____ SO#: _____

Phone: _____ Phone: _____

Mobile: _____ Mobile: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Memo: _____ Memo: _____

Preventive Maintenance _____
Require _____
Date/Time: _____

NOTE: Please fill in all information, so we can check our product for good Preventive Maintenance.

INSTRUCTIONS: Fill out the required fields on the Preventive Maintenance Form. Send to InnoTiq via email or fax. InnoTiq will assign an CF# and send the completed form back to you. SU number you can find it from Order files.

PRODUCT CONFIGURATION DESCRIPTION

MAINTENANCE PROJECT

No.	Item	Description	Engineer Comments
1	Maintenance site	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	
2	Maintenance Item 1		
3	Maintenance Item 2		
4	Maintenance Item 3		
5	Maintenance Item 4		
6	Maintenance Item 5		
7	SN		
8			

OTHER COMMENTS

