



Easymount Installation & Warranty Validation

Customer Name - _____

Install Date - _____

Install Dealer/Technician - _____

Easymount Model & Serial No. - _____

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|--|
| Safety features explained | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Controls | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Roller pressure wheel | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Film loading | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Tension adjusters on mandrels | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Laminating - one side only | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Squaring prints on exit plate / feed tray | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Reel to reel laminating | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Take up unit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Laminating with release paper / mount film | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Laying prints / vinyl to boards | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Flooding boards with vinyl | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Applying application tape | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Troubleshooting - Too much roller pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| No tension applied to film | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Creasing (incorrect feeding) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

DVD Given? Yes No N/A

Installation completed to customers satisfaction Yes

Comments: _____

Warranty Validation

The machine installed on the above date is in fully operational order.

X Signed _____ Date _____

Please complete, sign, date and return this form. The warranty period begins from practical and signed-off completion of installation. The receipt of a completed warranty validation form is necessary if you wish to make any claims on