

MATRIX™

Matrix Installation & Warranty Validation

Customer Name - _____

Install Date - _____

Install Technician - _____

Matrix Model & Serial No. - _____

Safety features explained Yes No

Controls

Temperature settings Yes No

Speed Yes No

Overlap/length explained Yes No

Press position in relation to anti curl Yes No

Film loading Yes No

Serration wheel/Sheet separation Yes No

Guide wheels Yes No

Film loading/threading Yes No

Tension adjusters on mandrels Yes No

Laminating Yes No

Anti curl Yes No

Press position Yes No

Troubleshooting

Too much/no tension applied to film Yes No

Not splitting Yes No

Silvering/not bonding Yes No

Curling Yes No

DVD Given? Yes No

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 your warranty.