

# ULTRA BLEND INSTALLATION

<b>(1) CLOVER DISTRIBUTOR</b>  <b>(2) INSTALLATION ADDRESS</b>   <b>(3) INSTALLATION CONTACT / JOB TITLE</b>  <b>(4) INSTALLATION TELEPHONE NUMBER / EXT.</b>	<b>(5) DISTRIBUTOR ORDER NUMBER:</b>  <b>(6) PREFERRED INSTALLATION TIME</b>   <b>(7) IS THE WATER PIPE EASILY ACCESSIBLE? (TICK BOX)</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">YES</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="text-align: center; width: 33%;">NO</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> </table> <b>(8) IS THE WATER SUPPLY RUN FROM THE MAINS?</b>   <b>(9) PREFERRED INSTALLATION DATE</b>	YES		NO	
YES		NO			

**PLEASE FILL IN BELOW THE NUMBER OF DISPENSING UNITS REQUIRED TO COMPLETE THIS INSTALLATION**

(10) NO. OF DOSING UNITS REQUIRED	(11) TYPE OF DISPENSING EQUIPMENT REQUIRED	(12) SPECIFY THE ROOM FOR THIS INSTALLATION	(13)
	ULTRA BLEND 4 (TRIGGER FILL) – DIS23		IS THERE SUFFICIENT WATER PRESSURE? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	ULTRA BLEND 4 (BUCKET FILL) – DIS24		IS THERE SUFFICIENT WATER PRESSURE? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

<b>(14) DO YOU REQUIRE WALL BRACKETS?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Size</th> <th style="width: 50%;">No. Required</th> </tr> <tr> <td>2 x 2LTR (DIS06)</td> <td></td> </tr> <tr> <td>4 x 2LTR (DIS07)</td> <td></td> </tr> </table>	Size	No. Required	2 x 2LTR (DIS06)		4 x 2LTR (DIS07)		<b>(15) IS THIS A NEW INSTALLATION?</b>   <div style="text-align: center;">YES / NO</div>	<b>(16) IS THIS A RE-INSTALLATION? Do you have all the relevant parts to complete this?</b>   <div style="text-align: center;">YES / NO</div>
Size	No. Required								
2 x 2LTR (DIS06)									
4 x 2LTR (DIS07)									

**(17) DO YOU REQUIRE A DRIP TRAY (DIS26) ? YES / NO** **NO. REQUIRED?**

<b>(18) DO YOU REQUIRE AN INSTALLATION KIT (DIS 09): YES / NO</b>  <b>Number required:</b>	<b>(19) List which products will be dispensed through each unit.</b> <b>Trigger fill:-</b>  <b>Bucket fill:-</b>  <i>N.B. List any further units separately</i>
--	--

**PLEASE ENSURE THAT YOU HAVE GOT ALL THE EQUIPMENT REQUIRED FOR THE INSTALLATION**

**PLEASE ENSURE THAT EQUIPMENT AND CHEMICALS ARE ON SITE 24 HOURS BEFORE INSTALLATION**

**N.B.** Engineers will fit the equipment provided. Re-installation of dispensing equipment is done at your instruction and it is your responsibility to check that the dispenser is in good working order. Engineers have the right to refuse an installation if the equipment is not deemed safe.

<b>(20) SIGNED:</b> .....	<b>PRINT:</b> .....	<b>POSITION:</b> .....
------------------------------	------------------------	---------------------------

R:\Laundry-Dishwash-Ultrablend\Installation forms\3. Ultrablend installation form.doc