



115 E. Linden
Rogers, AR 72756
Phone: 1-800-548-3373
Fax: 479-636-3245
www.spraymastertech.com

Date: _____

Dealer: _____

Invoice: _____

Purchase Order #: _____

Serial #: _____

Rep Group : _____

Type of System: _____

Spray Master Technologies is dedicated to insuring your complete satisfaction with our High-pressure cleaning system.

Please verify that the startup and demonstration is complete and operates to your satisfaction. If you are dissatisfied with the demonstration or operation, please contact us.

Your signature is an indication that the startup and demonstration is complete and is to your satisfaction. Further demonstrations will be at the cost of the customer.

The demonstration is complete and to my satisfaction.

Signature _____ Date _____

Printed Name: _____

Title: _____

(This form must be completed and emailed to smtsales/install@assembledproducts.com)