

KM 16F ELECTRIC KILN ORDER CHECKLIST

1.) NAME: _____ PO #: _____
(School, Company, Studio)

2.) NAME: _____
(Person filling out this form)

3.) EMAIL ADDRESS: _____

4.) VOLTAGE (Available on site): _____

5.) AMPERAGE (Available on site): _____

6.) SINGLE PHASE: _____ OR 3 PHASE: _____

7.) DOOR SWING: LEFT: _____ OR RIGHT: _____

8.) CONTROLLERS: LEFT: _____ OR RIGHT: _____

The information on this checklist is correct or correction as noted.

Sign: _____ Date: _____

Print Name: _____ Phone #: _____

FOR OFFICE USE ONLY

1. SERIAL NO. : _____
2. ESTIMATED COMPLETION DATE: _____
3. NAME PLATE READY: _____