

On-Demand Profile Form

On-Demand Profile Form

Recirculation Line Details		describe the recirculation line			
Building Type	<input checked="" type="checkbox"/>	<input type="text"/>	Number of Floors	<input checked="" type="checkbox"/>	<input type="text"/>
Number of Units	<input checked="" type="checkbox"/>	<input type="text"/>	Number of Residents	<input checked="" type="checkbox"/>	<input type="text"/>
Boiler/Heater Location	<input checked="" type="checkbox"/>	<input type="text"/>	Access to Boiler Room?	<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
Cold Water Line Diameter	<input checked="" type="checkbox"/>	<input type="text"/>	Cold Water Line Material	<input checked="" type="checkbox"/>	<input type="text"/>
Pump Manufacturer	<input checked="" type="checkbox"/>	<input type="text"/>	Pump RPM	<input checked="" type="checkbox"/>	<input type="text"/>
Pump Shut-off Valves?	<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	Fuel Type (Gas/Oil)	<input checked="" type="checkbox"/>	<input type="text"/>

Schedule a Site Visit		On-Demand Installation Request			
Site Visit (yyyy/mm/dd)	<input checked="" type="checkbox"/>	<input type="text"/>	Total Recirculation Units	<input checked="" type="checkbox"/>	<input type="text"/>
Site Visit Time	<input checked="" type="checkbox"/>	<input type="text"/>	# OD Units Ordered?	<input checked="" type="checkbox"/>	<input type="text"/>
On Site Contact	<input checked="" type="checkbox"/>	<input type="text"/>	1st Install Date/Time	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/>
Site Contact Cell	<input checked="" type="checkbox"/>	<input type="text"/>	2nd Install Date/Time	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/>

Customer Details		Installation Site Details			
Customer Name	<input checked="" type="checkbox"/>	<input type="text"/>	Installation Address	<input checked="" type="checkbox"/>	<input type="text"/>
Contact Name	<input checked="" type="checkbox"/>	<input type="text"/>	City/State-Prov	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/>
Contact Email	<input checked="" type="checkbox"/>	<input type="text"/>	Area Code/Country	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/>
Contact Phone	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/>	Second Install Address	<input checked="" type="checkbox"/>	<input type="text"/>
Contact Cell	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/>	Third Install Address	<input checked="" type="checkbox"/>	<input type="text"/>

Installation Notes	General Notes
<input type="text"/>	<input type="text"/>

Sales Contact: _____ Contact Email: _____

Contact Phone: _____ Contact Cell #: _____