

Installation Report



Advent Resources Canada

235 W. 7th Street, San Pedro, CA 90731
 Phone: (310) 241-1500 FAX: (310) 241-0011

Please Complete in full and FAX back to 310-241-0761
 ATTN: LISA (Please Print Clearly)

Installer: _____ Date: _____

Dealership _____
 Address _____
 City, ST ZIP _____
 Phone _____
 FAX _____

General Manager: _____
 System Supervisor: _____
 E-mail address: _____
 Software Version: _____
 Software License Key: _____
 Transition System? Y/N _____
 Networked System? (Y/N) _____

| | Serial Numbers | | |
|------------------|----------------------|-----------------|-------------|
| CPU | <input type="text"/> | License Reader? | (Y/N) _____ |
| Monitor | <input type="text"/> | Mouse Pad? | (Y/N) _____ |
| Laser Trac | <input type="text"/> | Keytags ? | (Y/N) _____ |
| Biometric Reader | <input type="text"/> | Crimper/Cutter? | (Y/N) _____ |
| | | Zap Straps? | (Y/N) _____ |
| | | UPS? | (Y/N) _____ |
| | | Printer? | (Y/N) _____ |

| Qty. | | | |
|------------------------------|----------------------|----------------------|----------------------|
| Drawers <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (Transition Drawer | | | |
| Serial Numbers | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Not Required) | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Networking Info IP: _____ Gateway: _____ Subnet Mask: _____
 Eml server Info IP: _____

| A <u>Minimum</u> of Two People Are Required to Have the Following Training: | WHO TRAINED |
|---|-------------|
| Attaching/Removing Keys to/from Keytags | (Y/N) _____ |
| Check In Keys and Check Out Keys | (Y/N) _____ |
| Drawer Shorting explain cause and effect | (Y/N) _____ |
| Max 200 key capacity per drawer explained | (Y/N) _____ |
| Administrator Training and Use of Reports | (Y/N) _____ |
| Adding/Removing Users and Vehicles | (Y/N) _____ |
| Environment Setup | (Y/N) _____ |
| Dealer given Support Phone 1-888-923-8368 x6 | (Y/N) _____ |
| Support contact info visible on KeyMachine | (Y/N) _____ |
| Advent Mousepad and Sticker provided | (Y/N) _____ |
| Customer received Drawer Override Keys | (Y/N) _____ |
| Customer received System Database Back-Up CD | (Y/N) _____ |

Print Customer Name _____

Customer Signature _____

Date _____