



INSTALLATION ACCEPTANCE FORM

CUSTOMER NAME: _____ CUSTOMER TEL: _____

CUSTOMER ADDRESS: _____ CITY: _____ ZIP: _____

CUSTOMER PURCHASE ORDER #: _____

TRAM DISTRIBUTOR/INSTALLER: _____

DISTRIBUTOR/INSTALLER BRANCH: _____ TEL #: _____

DISTRIBUTOR COMPLETE THE FOLLOWING:

Post Installation Checklist has been completed: YES NO
(Please attach a copy of checklist and provide a copy to customer)

TRAM Serial #: _____ TRAM Model #: _____

System Type: Fall Restraint Fall Arrest Installation Date: _____

BEFORE SIGNING, CUSTOMER SHOULD COMPLETE THE FINAL WALK THROUGH AND REVIEW THE INSTALLATION WITH THE INSTALLATION SUPERVISOR AND/OR TRAM SALES REPRESENTATIVE.

I hereby agree that on this date, _____ the installation has been completed to my satisfaction.

I hereby agree that I was instructed in proper use of the TRAM system by a competent person.

I hereby agree that only personnel trained in proper use of the TRAM system will use such system, in a manner that complies with current TRAM user manual.

I have read, understand and accept the terms and conditions of sale on the Standfast USA, LLC website.

ACCEPTED BY:

Print customer name Title Signature Date

Print installer or TRAM representative name Signature Date

UPON COMPLETION OF THIS FORM, PLEASE EMAIL OR FAX TO STANDFAST USA CUSTOMER SERVICE OR INSTALLATIONS DEPARTMENT WITHIN 7 DAYS. OFFICE 1-877-850-TRAM (8726) FAX 1-773-248-2865. TRAM WARRANTY WILL TAKE EFFECT ON INSTALLATION DATE, AFTER ACCEPTANCE FORM IS RECEIVED.

Standfast USA
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