

WATER DISPENSER FORM

Company Name: _____ Date: _____

Company Address: _____ Contact Name: _____

_____ Phone Number: _____

DISPENSER REQUIREMENTS:

Cold Ambient Hot

Attach Photo 1: (Under Sink Water Supply)

Attach Photo 2: (Final Dispenser Position)

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| | |
|--|--|

Length of run to Dispenser: _____ Distance of power supply to final position: _____

Dado Colouring: _____

PLUMBER DETAILS:

Company / Name: _____

Address: _____

Contact Name: _____ Phone Number: _____

Insurance #: _____

Company ABN: _____

APPROVAL:

Plumber Sign off: _____

Sales Sign Off: _____

Client Sign Off _____

Date: _____