

Taylor Preventive Maintenance Parts Program

Please sign me up for the Preventive Maintenance Parts Program and automatically ship the items to me at the interval indicated below. I hereby authorize Taylor Freezer of New England to charge my account for products or services as provided.

Model #: _____ **Serial #:** _____

| <u>ITEM</u> | <u>QUANTITY</u> | <u>FREQUENCY</u> |
|----------------|-----------------|------------------|
| Tune Up Kit | | Quarterly |
| Scraper Blades | | Quarterly |
| Brush Kit | | Semi Annually |
| Taylor Lube | | Quarterly |
| Sanitizer | | Quarterly |

Location/BusinessName _____

Street: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone: () _____ - _____

Fax: () _____ - _____ Email _____

Signature _____ Date _____

Printed Name _____

Bill to my Account # _____

If you have any questions please contact the Parts Department at 800-245-4002 or 781-551-4450 x 221

PLEASE FAX THIS COMPLETED FORM TO 781-551-4410