

FAX TO: 603.298.8404  
DATE \_\_\_\_\_

# LATHE SETUP



**CHECK ONE**  TRAINING (ONLY)  LATHE SALE & TRAINING  TRIAL

SHOP NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHOP MANAGER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## LATHE INFO.

LATHE  RMPC  9.2 DRO  X9  A10 WARTHOG

UPGRADE  G2X  GYR SERIAL No. \_\_\_\_\_

PACKAGE \_\_\_\_\_

TRADE-IN LATHE MODEL \_\_\_\_\_ TRADE-IN LATHE SERIAL NO. \_\_\_\_\_

## DRO READINGS

PROGRAM NO. \_\_\_\_\_

HOURS = \_\_\_\_\_ TOTAL = \_\_\_\_\_

A. ADJ. = \_\_\_\_\_ 5. ADJ. = \_\_\_\_\_

## LATHE CHECKLIST

### Package condition

- Pass
- Fail

### Damage noted on bill of lading?

- Yes
- No

### Lateral Run-Out Compensation meets Specification

- Yes
- No

### Any damage to contents?

- Yes
- No

### Any missing parts?

- Yes
- No

### Surface Finish meets Specification

- Yes
- No

What part(s)? \_\_\_\_\_

What part(s) \_\_\_\_\_

Needed part # \_\_\_\_\_

## TRAINING ACKNOWLEDGEMENT

PLEASE INITIAL

· I hereby acknowledge that I have been trained on the Pro-Cut lathe to my satisfaction. I further understand that subsequent training sessions will be billed at the local Pro-Cut Representative's prevailing rate.

X: \_\_\_\_\_

· I acknowledge that Pro-Cut STRONGLY recommends an annual service visit to insure proper lathe functionality.

X: \_\_\_\_\_

· **FOR GYR PACKAGES ONLY:** I acknowledge that Pro-Cut charges \$395 annual licensing fee for updates to vehicle database and GYR application. This fee is charged annually on the anniversary of the original purchase date.

X: \_\_\_\_\_

SHOP MANAGER SIGNATURE \_\_\_\_\_

TOP DAWG SIGNATURE \_\_\_\_\_

REFERRAL NAME \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SHOP NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NO. \_\_\_\_\_

NOTES: .....

PRO-CUT REPRESENTATIVE SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_