



CONTINUOUS SUPPORT FORM

Please complete one (1) form for each site in which AERCO units are installed and e-mail to AERCO at: STARTUP@AERCO.COM.

Completed By: _____ Date: _____

Rep Firm: _____

PROJECT INFORMATION

Project Name: _____

Street Address: _____

City, State, Zip: _____

Customer Contact
(Responsible Party for
Equipment / End-User): _____

Contact Phone #: _____

Contact E-Mail Address _____

EQUIPMENT INFORMATION

Unit Serial #s

PREVENTATIVE MAINTENANCE & SERVICE

SST Contractor for Service/Parts:

Company Name: _____

Address: _____

Phone Number: _____ Web Site: _____

Primary Contact: _____

Annual preventative
maintenance program offered? YES NO

PM Accepted? YES NO

TRAINING

Owner Training Performed?

YES NO

Performed By: _____

ADDITIONAL INFORMATION

Mechanical Room Picture Attached?

YES NO

NOTES: