

PLASMA PRE-INSTALL SURVEY FORM

CUSTOMER INFORMATION

CUSTOMER NAME:

SCHEDULED DATE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

PHONE NUMBER 2:

SURVEYE BY:

SURVEY DATE:

Description of equipment to be connected to new Plasma Display screen-

Description of wall construction or stand Plasma Display screen will be mounted to-

Is AC electrical outlet available at customer's preferred mounting location? If not, will customer arrange to have one installed prior to Plasma delivery?

Will cables be concealed using the provided channel molding or wall fishing?

Should installer bring additional or longer cables (s-video, composite, component) to enable connection to additional equipment? *Billed to customer.*
