

INSTALLATION AUTHORITY FORM

Client/Company Name:

Invoice Address:

Installation Contact Name & Phone number:

Installation Address:

Site Requirement Checklist (MUST BE COMPLETED)

- Sufficient power supply installed (select one)
- 10amp 15amp 20amp 40amp
- Dedicated stop tap installed
- Sufficient space available in cabinetry

Billi Office Use Only

Model Number:
Serial Number:
Invoice Number:
Work Order Number:

Space required _____x_____x_____ (refer to product specification)

For multiple units, please see attached additional checklist to be completed for each unit.

Please ensure the below is completed if the technician will be required to install the tap into a synthetic stone bench top. Please note that our technician is unable to cut the hole required for a font in any stone material.

Stone Bench Top Waiver

I _____, authorise a Billi Pty Ltd representative ('Billi') to conduct drilling on my stone bench top.

I acknowledge and agree that, whilst Billi will exercise due skill and care in undertaking such work to prevent any damage to my stone bench top, given the inherent risks associated with the possibility of chipping or cracking as a consequence of undertaking such work, Billi shall not be held liable for any damage that may be caused to my stone bench top as a consequence.

Name: _____ Signed: _____

Date: _____



Billi Pty Ltd

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Victoria 3074 Australia

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Facsimile | +61 3 9469 0499

Website | www.billi.com.au

Designed and manufactured in Australia



Site Requirement Checklist for additional units (MUST BE COMPLETED)

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 10amp 15amp 20amp 40amp
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