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FIT-

MACHINE CHECKLIST

Date: _____ / _____ / _____ Time: _____ : _____ AM [] PM []
 Customer Name: _____
 Customer Address: _____

FOR PICK-UP/DELIVERY

Driver Name: _____ Vehicle: _____ Plate: _____

MACHINE INFORMATION

Name: _____ Model: _____ Serial No. _____

CHECKING POINTS:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Remarks

Signed:

Checked by: _____	Date: _____
Noted by: _____	Date: _____
Confirmed by [for release] _____	Date: _____

Acknowledgment

Received the above mentioned machinery in good conditions, working, and complete.

Received by: _____ Date: _____