



eProduct HVAC System Order Form

CUSTOMER INFORMATION

Date: Order Type: Product & Installation Product Only

Company Name:

Company Contact Name: Phone Number:

Company Contact Email:

SALE INFORMATION

Annual Volume: Number of Vehicles:

Program Timeline:

VEHICLE INFORMATION

Year: Make: Model:

Refrigerant Type: Oil Type: Gas Type:

Number of Batteries: Battery Voltage: Battery Amp Hours:

Type of Batteries: SLI-Flooded Deep Cycle Lead Acid AGM Li-Ion Wet Cell

Battery Amp Load (Engine-On): Battery Amp Load (Engine-Off):

CAN or LIN Communication Details:

Voltage Available: (12V, 24V, 48V, 300, 400, 600DC, 110VAC)

Typical Summer/Winter Climate:

SYSTEM REQUIREMENTS

System Requires: Heating AC Heating and AC

Required Run-Time (Engine-Off): Available Battery Recharge Time:

Auto-Start Feature: Yes No Bluetooth: Yes No

Battery Management System: Yes No

Number of Occupants: Size of Area to be Conditioned (Cubic Feet):

Area Being Conditioned:



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(Cabin, Sleeper, Complete Interior, Rear Compartment, Refrigeration, Multiple Areas)

Preferred Location of System Controls:

(picture of location)

Area Size Available for Components:

Location Available for Components:

(picture of location)

Picture Under Hood: (Refrigeration lines, Condenser, Compressor, Evaporator, TXV, Receiver Drier)

Solar Charging: Yes No **If yes, Area Available for Solar:**

Comments:

Signature:

Print Name:

Date: