

Return this postcard to activate your **EDGE** oven warranty
Thank you for purchasing an **EDGE** oven.

EDGE OVENS

Please complete the following information and mail back to MF&B Restaurant Systems, Inc. to activate your EDGE oven warranty.

COMPANY NAME _____
NAME _____
TITLE _____
STREET _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

Product Information:

Date Purchased: _____
Model: _____ Serial: _____
Model: _____ Serial: _____
Model: _____ Serial: _____

I have read and understand my warranty provided to me by MF&B Restaurant Systems, Inc. I agree to the warranty policy and procedures that come with my EDGE ovens.

Signature: _____
Date: _____

Where was the product purchased:

___ MF&B Restaurant Systems, Inc.
___ Dealer, Dealers Name _____
___ Distributor, Distributors Name _____

Customer Satisfaction Level:

1 2 3 4 5 6 7 8 9 10

1 being **POOR**, 10 being **EXCEPTIONAL**

What is the number one reason you chose EDGE ovens:

- Price
- Features
- Energy Efficiency
- Warranty
- Easy to use
- Recommendation

Product improvement ideas and suggestions:

**We appreciate your cooperation in completing and returning this warranty card!
Thanks again for purchasing an EDGE oven.**

Please fold along this line to return

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START-UP CHECKLIST

Must be completed and returned

- Correct voltage at the oven.
- Correct breaker/fuse amp size at the main electrical panel.
- Correct inlet and outlet gas pressure at full load (4.5-14 inches W.C.)
- Correct outlet gas pressure at full load.
On/Off (3.5 inches W.C.)
Modulating (4.5 inches W.C.)
- Checked ovens for gas leaks.
- Correct attachment of restraint device.
- Correct belt direction.
- Correct adjustment in drive chain.
- Correct finger pattern installed in ovens.
- Correct hood system installed and working as designed.

**Gas pressures must be tested at full load. All gas appliances running at full capacity*

Please fill in measurements from ovens:

Voltage (vac.) _____
Breaker/Fuse size (amps.) _____
Inlet gas pressure (w.c.) _____
Outlet gas pressure (w.c.) _____
Gas line size (inch) _____
Date start-up performed _____

Company or person performing start-up

Company Name _____
Individual _____
Address _____
City _____
State _____ Zip _____
Phone _____