

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.**

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Please fold along this line to return

**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 \_\_\_\_\_