KICKER SYSTEM DESIGN

Name:	Phone:		Email:	
Address:			Year/Make/Model:	
Date:	Deposit:		Install Date:	
Battery	A Fron	t Speaker	A	mp
	Wire Kit Hea	Rear Spea ad Unit	aker S	Subwoofer
Alternator	Processor/DSP			

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Take deposit and schedule install. Installation date:_____

Vehicle check-in list.

Installation completed.

Get social-media permission.

Give literature with suggested upgrade.

Schedule 30 day system inspection. Date:_____

Send "Thank you." Date:_____

Contact customer 3 days after install to verify system status. Date:_____

Call customer 7 days before system inspection and confirm appointment.

Date:_____

System inspected by, ______. Date:______

Upgrade path reminder

Ask for social-media review

Notes