KICKER CAR SYSTEM DESIGN

| Name: | Phone: | Email: |
|------------|---------------------|------------------------|
| Address: | | Year/Make/Model: |
| Date: | Deposit: | Install Date: |
| Battery | Front Spea | aker Amplifiers |
| | | |
| | Wire Kit Head Un | Rear Speaker 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