customer initials.



## Electrical/Shipping Certification Form for Destroyit® 4606/4108 High Capacity Shredder

Please note that we cannot ship the equipment until this form is completed and returned to MBM. (Fax to: 843-552-2974, attn: Customer Service Department).

POWER REC	QUIREMENT	TS:					
			BLE VOLTAGE ERTER STRICT	TLY PROHIBITE	D. VOIDS ALL WA	ARRANTY.	
2. 20 Amp circ	cuit breaker w	ith outlet for a	a type L15/20-220	V plug			
Please indicate	e the measured	l no-load volt	age at the electrica	al connection intend	ded for the shredder:		
A-B	A-C	В-С	A-ground	B-ground	C-ground		
Machines may	be hard-wired	d to a circuit b	oreaker. The powe	er cord is 12 AWG	(3 conductors and 1 g	ground).	
SHIPPING R	EQUIREME	NTS:					
All elevators/c	loors must acc	ommodate th	e following weigh	ts and dimensions:			
<b>4606</b> . Shipping	g weight: 715	lbs. Dimensio	ons (D x W x H): 3	35" x 37" x 75" (cra	ated) / 30" x 29" x 67"	(uncrated).	
<b>4108</b> . Shipping	g weight: 957	lbs. Dimensio	ons (D x W x H): 7	75" x 39" x 65" (cra	ted) / 65" x 27" x 57"	(uncrated).	
Please indicate	e door opening	s the shredde	r will pass througl	h (W x H):			
Shipping add	ress:						
Company nam	ne:						
Address:							
City:		State:	Zip:				
Special require	ements:						
I understand t these requiren		and shipping	requirements for	this paper shredde	r and hereby certify	that our facility me	ets
Customer nam	ne:			Title			
Signature:			Da	te			
IMPORTAN	T:						
					ted in the product des varranty. They are not		
mobile shredd	ing activities a	and doing so v	vill also void warr	anty.			
				ect operation of the quipped with an aut	machine. It is the custo oiler.	stomer's responsibil	lity to ensure
Cannot be use	d with phase c	onverter.					

## **SELLING DEALER:**

I have checked the requirements for this paper shree have also requested the customer to check the TIP a	edder and confirm that the facility listed above meets these requirements. I & TELL indicator upon receipt.				
Dealer name:					
Sales/service person name:	Title				
Signature:	_ Date				
INSTALLING DEALER:	edder and confirm that the facility listed above meets these requirements. I				
have also requested the customer to check the TIP a					
Dealer name:					
Sales/service person name:	Title				
Signature:	Date				

MBM Corporation is not responsible for any charges incurred as a result of incorrect electrical or shipping information. Additional charges may apply for special handling.

3134 Industry Drive www.mbmcorp.com

North Charleston, South Carolina 29418 800-223-2508 / fax: 843-552-2974