

**SALES**

**SERVICE**

**PARTS**

**RENTALS**

# INDEPENDENT LIFT TRUCK SERVICE LIMITED

320 LONGMAN CRESENT  
REGINA, SASK. S4N 6J4  
Fax 1-306-569-2711  
Phone 1-306-569-9844  
Toll Free 1-888-398-9845



## PLANNED MAINTENANCE / LABOUR RATE AGREEMENT

INTERNAL COMBUSTION EQUIPMENT	ELECTRIC EQUIPMENT
1. Change engine oil & filter	1. Clean machine
2. Lubricate all grease fittings	2. Lubricate all grease fittings
3. Check air intake system	3. Check all fluid levels
4. Check all fluid levels	4. Check upright assy. for proper operation
5. Check and clean battery	5. Check battery, battery cables, and connectors
6. Check charging system operation	6. Check steering for proper operation
7. Check starting system operation	7. Check brakes for proper operation
8. Check ignition system operation	8. Check electrical contractors and switches for proper adjustment and operation
9. Check carburetion system operation	9. Check cables and wiring
10. Check steering for proper adjustments	10. Check control levers for proper operation
11. Check brake pedal linkage adjustment	11. Check instruments for proper operation
12. Check clutch linkage for proper adj.	12. Test machine for proper operation
13. Check upright assy for proper operation	13. Test machine for proper performance
14. Check instruments for proper operation	14. Check for proper safety equipment
15. Check control levers for proper operation	
16. Test machine for proper operation and performance	

Make	Model	Serial Number	P/M RATE	SCHEDULE
Additional machines on reverse side.				MAX. 90 DAYS

**NOTE:** PARTS and TRAVEL and ENVIORMENTAL CHARGES are not included in RATES  
ANY ADDITIONAL REPAIRS will be performed only upon Customer's authorization.  
CUSTOMER AGREES TO COMPLY WITH OCCUPATIONAL HEALTH & SAFETY REGULATIONS

THIS AGREEMENT TO BE AN ANNUAL AGREEMENT IN EFFECT FROM \_\_\_\_\_ TO \_\_\_\_\_  
AT THE FOLLOWING LABOUR RATE:.....\$ \_\_\_\_\_ PER HOUR

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City & Province: \_\_\_\_\_ CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

AUTHOURIZED BY: \_\_\_\_\_  
SIGNATURE PRINT NAME

DATE OF AGREEMENT: \_\_\_\_\_

AGREEMENT MADE BY: \_\_\_\_\_  
REPRESENTING INDEPENDENT LIFT TRUCK SERVICE LIMITED