

eShield INSTALLATION PACKET

DEALER INFORMATION



Today's Date: _____ Office Location (City): _____

Company Name: _____ Sales Rep: _____

Company Job/Ref #: _____ Sales Rep Phone: _____

HOMEOWNER DETAILS

Homeowner 1: _____ Phone/Cell: _____

Homeowner 2: _____ Phone/Cell: _____

Preferred Email: _____ Community: _____

Install Address: _____ City: _____ State: _____
Zip Code: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

TYPE OF INSTALL:

Specify (check box): **eShield & Blown-In** (Most popular) eShield ONLY Blown-In ONLY

Air Sealing: Air Sealing **Blower Door Assisted Air Sealing** NO Air Sealing

HOUSE FOOTPRINT Enter Square Footage of House (_____ x _____) = _____
Width Length

ATTIC HEIGHT

Enter Estimated Height at Peak of Attic: _____ **Feet** (Must be at least 3ft tall)

Attic Pitch Factors: 3-7 ft (x 1.5) 8-10 ft (x 1.6) 11-15 ft (x 1.7) 16-20 ft (1.8)

PLEASE ENTER
DIMENSIONS/
MEASUREMENTS

Enter Projected Sq Ft of eShield Needed: (_____ x _____) = _____
Footprint Pitch Factor

BLOWN-IN FIBERGLASS

Attic: Enter **Existing** Blown-In Insulation Level: _____ (inches)

Add R-19 (8) inches

Add R-30 (12) inches

Add R-38 (15) inches

Add R-49 (18) inches

Baffles _____ @!3

ATTIC ENTRANCE Scuttle Hole Pull-down Stairs Walk-in Attic

SELECT ALL
THAT APPLY

Call: 866-642-2030

Fax: 770-641-6312

Email: install@eshield.net

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ADDITIONAL ENERGY SAVING ITEMS TO INSTALL



Customer Name(s): _____

GARAGE ATTIC INSULATION

BLOWN-IN INSULATION YES NO Sq Footage _____
eSHIELD INSULATION YES NO Sq Footage _____

PLEASE ENTER
DIMENSIONS/
MEASUREMENTS

GARAGE DOOR INSULATION

YES NO

CRAWL SPACE INSULATION

BATT INSULATION YES NO Sq Footage _____
eSHIELD INSULATION YES NO Sq Footage _____
PLASTIC VAPOR BARRIER Existing Required

PLEASE ENTER
DIMENSIONS/
MEASUREMENTS

ATTIC ENTRANCE COVER/ TYPE

N/A Superior Cap (*Most Popular*) Standard Attic Cap QTY _____

NEST INSTALLATION

YES NO QTY _____

LED LIGHTBULBS

YES NO QTY _____

WATER HEATER BLANKET

YES NO QTY _____

WATER HEATER PIPE WRAP

YES NO _____ Ft

INSULATED FOAM OUTLET & SWITCH COVERS

YES NO QTY _____

CHIMNEY BALLOON

YES NO QTY _____

ATTIC STORAGE MOVEMENT

YES NO LABOR \$TBD

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Customer Name(s): _____

Special Instructions / Comments:

DRAW LAYOUT OF ATTIC - include measurements, exclusions, exceptions * (ATTACH PHOTOS)

PLEASE SHOW DRAWING OF ATTIC SPACE LAYOUT WITH MEASUREMENTS.

Payment Pick Up Information

AMOUNT COLLECTED: _____ CHECK AMOUNT: _____ CC AMOUNT _____

CHECK BOXES w/ APPLICABLE INSTRUCTIONS FOR INSTALLER

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