

Blackout Module 505/507/508/536/560

Order Spec Sheet (Product Configuration Form)

Directions:

1. Complete form to specify custom configurations for your BOM.
2. Sign and date the disclaimer agreement (required).
3. Submit this form with your order to orders@lgs-group.com.



AGENCY INFORMATION

Agency Name _____

Contact Name _____

Phone Number _____

Email Address _____

Address _____

City, State, Zip _____

Vehicle Make _____ **Vehicle Model** _____

Vehicle Year _____ Vehicle Engine _____

NOTES _____

Some applications not for use on Canadian-built vehicles.

INTERNAL ONLY

Part Number	_____
Config. Name	_____
Date Created	_____
Upfitter Name	_____

Orders will not be processed without the install vehicle's make, model and year. This information is needed for accurate configuration.

DARK CAR

Deactivates the interior, dome and parking lights. Currently on the vehicle?

Equipped Not Equipped (Default)

EXIT SPEED

Speed at which the tail lights/brake lights automatically enable.

_____ 5-20 mph (Default 15 mph)

DISCLAIMER AGREEMENT

SIGNATURE REQUIRED WHEN ORDERING BLACKOUT MODULE

The InterMotive Blackout Module is for government use only.

Blackout Module (when active) will deactivate/dim all vehicle lights while operating the vehicle at low speeds.

By signing below I hereby release, discharge, and covenant not to sue InterMotive, Inc., and release their administrators, directors, agents, officers, members, distributors and employees (collectively, the "Releasees") from all liability, claims, demands, losses, or damages caused or alleged to be caused, in whole or in part from the use of Blackout Module or by the negligence of the Releasees or otherwise with respect to the Blackout Module. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or ordinary cost which may be incurred as the result of such claim.

Authorized Signer Name _____

Agency Name _____

Signature _____

Date _____