

# Blackout Module 751 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 \_\_\_\_\_

**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.*

*Some applications not for use on Canadian-built vehicles.*

**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 \_\_\_\_\_