

CUSTOMER PORTRAIT

(Please type or print clearly and complete entire application)

The information you provide below will be held in the strictest of confidence and used only so we can provide you the very best customer service.

Company Name:		Date:	
Address:			
City:	State:	Zip:	Country:
Tel:			
Main Email:		Website Address:	
Federal ID / Tax ID:			
Contacts - First & Last Name	Title	Email	Telephone
What germicidal ultraviolet products are you interest in?			
<input type="checkbox"/> Air Treatment	<input type="checkbox"/> Surface Treatment	<input type="checkbox"/> Water Purification	<input type="checkbox"/> UV-C Lamps/Quartz/Ballasts
<input type="checkbox"/> Other			
Do you currently own a germicidal ultraviolet product?			
<input type="checkbox"/> Yes - If Yes, provide make & model			<input type="checkbox"/> No
Will you be using one of our products for your own use?			
<input type="checkbox"/> Yes - If Yes, what product are you interested in (if known) and return form.			<input type="checkbox"/> No – If No, continue.
Company Information			
Year business started?		How many employees?	
Briefly describe your business.			
What geographic area do you sell products to?			
What other products do you sell?			
Completed by:		Date:	