



Manufacturers / Engineers / Sales / Service
Germicidal Ultraviolet – Equipment & Lamps

CUSTOMER PORTRAIT

(Please type or print clearly and complete entire application)

<i>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.</i>			
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:		

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Shop: AtlanticUltraviolet.com • Learn More: Ultraviolet.com • Email: Sales@AtlanticUV.com

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