



Téléphone: 450-621-2467

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www.solariumoptimum.com

DISTRIBUTION FORM

FILL OUT THE FORM TO OBTAIN INFORMATION

(*the fields marked with a star must be filled)

and send by fax at: **450-621-4865** /or email at: **amartin@solariumoptimum.com**

* COMPANY: _____

* CONTACT: _____

* ADDRESS /REGION: _____

* TELEPHONE: _____

FAX: _____

* EMAIL: _____

WEB SITE: _____

*TYPE OF BUSINESS: Windows and doors__ Pool__ Construction__ Awning__ Other_____

BUSINESS AFFAIRES: _____

ANNUAL SALES: _____

*PRODUCT(S) LINE(S) _____

*SQUARE FOOTAGE/ _____

SHOWROOM: _____ square feet

ESTIMATED SALES VOLUME OF OUR PRODUCT FOR THE FIRST YEAR: \$ _____

DO YOU HAVE SALES REP? Yes No If Yes, how much? _____

DO YOU HAVE INSTALLATION PERSONEL? Yes No If Yes, how much? _____

ADDITIONALS INFORMATIONS: _____

