

PRE-APPROVAL ACCOUNT SET-UP

CUSTOMER NAME:	
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CUSTOMER ADDRESS:	STREET	SUITE/APT #
	CITY	COUNTRY
	STATE/PROVINCE	TELEPHONE
	POSTAL CODE	FAX
	E-MAIL	WEBSITE

CONTACT:	NAME	TELEPHONE
	E-MAIL	FAX

Please answer the following questions:

1. How many years experience in the window and door industry? _____
2. How many years have you been in business? _____

Please CHECK One of each choice

BUSINESS TYPE		
WINDOW MANUFACUTER		
WINDOW DEALER / CONTRACTOR		
BUILDER / DEVELOPER		
CUSTOM HOME BUILDER		
SUNROOM MANUFACTURER		
COMMERCIAL GLAZER		
OTHER _____		

Please CHECK ANY OF INTEREST

PRODUCT LINES OF INTEREST			
1000	ALUMINUM	SINGLE PATIO DOOR	
2000	ALUMINUM	SINGLE PATIO DOOR WITH SCREEN	
4000	ALUMINUM	DUAL PATIO DOOR	
7000	ALUMINUM	DUAL PATIO DOOR	
7000 3T	ALUMINUM	TRIPLE STACKING PATIO DOOR	
6200	PVC	DUAL PATIO DOOR	
6500	WOOD/PVC CLAD	DUAL PATIO DOOR	