



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

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 interested in?			
Air Treatment	Surface Treatment	Water Purification	UV Lamps/Quartz/Ballasts
Other			
Do you currently own a germicidal ultraviolet product?			
Yes - If Yes, provide make / model			No
Will you be using one of our products for your own use?			
Yes - If Yes, what product are you interested in (if known) and return form.			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: