



TECHLIGHT

CATALOG REQUEST FORM

PLEASE fill out AND RETURN FORM TO Techlight via fax (214.350.0594) ATTN PETE HAAS

REQUESTED By: _____ DATE: _____

CONTACT _____

COMPANY _____

Shipping Address _____

City _____ ST _____ Zip _____

PHONE # _____ FAX # _____

E-mail _____

How did you HEAR ABOUT US?

ASLA Show

NALMCO Show

SALES REPRESENTATIVE

ISCS Show

USTC Show

OTHER _____

NUMBER OF CATALOGS REQUESTED: _____

FOR PRICING REQUESTS PLEASE SEE OUR REQUEST FORM
AT WWW.TECHLIGHTUSA.COM OR CONTACT YOUR LOCAL TECHLIGHT REPRESENTATIVE

TO BE FILLED OUT BY TECHLIGHT REPRESENTATIVE

DELIVERED By: _____ DATE: _____

RECEIVED By: _____ DATE: _____

NOTES: _____

CATALOG(S) TO BE: DELIVERED BY TECHLIGHT REPRESENTATIVE

SHIPPED FROM FACTORY

APPROVED By: _____ DATE: _____

FOR TRACKING PURPOSES TECHLIGHT REPRESENTATIVE MUST RETURN FORM TO
TECHLIGHT VIA FAX (214.350.0594) ATTN PETE HAAS OR E-MAIL TO PHASS@TECHLIGHTUSA.COM