

Dealer Request Form

Filling out this form indicates your **request** to be listed as a **STOCKING** dealer at
www.SCREENEZE.com

COMPANY NAME* _____

CONTACT NAME* _____

PHONE NUMBER* _____

FAX NUMBER _____

STREET ADDRESS* _____

CITY/STATE/ZIP* _____

EMAIL ADDRESS _____

WEBSITE _____

WHERE DO YOU PURCHASE SCREENEZE®?* _____

Do you have SCREENEZE® on display?* YES NO

Do you stock SCREENEZE® (1600')?* YES NO

Do you install SCREENEZE®?* YES NO

Please submit by email to support@SCREENEZE.com or fax to 513-451-9366

**Indicates Required Information*