

VELLURA DISPLAY REQUEST FORM

Sales Product Details

Dealer Name

Address Line 1

Address Line 2

Requested by

VELLURA PROGRAM DETAILS: (40% off dealer cost)

To qualify for showroom display:

- Form must be filled out completely
- Colour photo of display
- Copy of invoice

All above is required, please submit to: burncoop@thefoundry.ca

| | SKU | Description | Qty | Product Price | Total |
|-------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | | | | | <input type="text"/> |

Special Display Request

(Banners, Custom Displays, Roll-ups)

Sales Manager Name: _____ Signature: _____ Date: _____

VP Sales Name: _____ Signature: _____ Date: _____