

2/90 Project Registration



From Rep: Email completed form to kathyantor@290signs.com or fax 616.656.4300
From 2/90: Send completed form to applicable Sales Representative(s).

Date: _____ Rep: _____

Existing 2/90 customer? Yes No Cust. No.: _____

Customer: _____ City, State: _____

Project name: _____ City, State: _____

Is an Architect or Designer specifying this project? Yes No

If yes, specifier name: _____ City, State: _____

Contact name: _____ Anticipated installation date: _____

Spec documents attached: Yes

Known General Contractor involvement? Yes No

Project scope-of-work and comments: _____

FOR 2/90 INTERNAL USE ONLY

Registration is accepted? Yes No Approved by: _____

Commission split applies? Yes No Date: _____

Commission split detail: _____ Expiration Date: _____

[Reverse-registration sign-off: ___ MH ___ CD ___ PB ___ KK]

Comments: _____

Reference Number

CC: _____