



PROJECT SPECIFICATION FORM



Dudson USA Inc. will not accept this form unless it is filled out completely and legibly. Fields in **red** are required.

Project Name: _____ **Date:** _____

Project Contact Name: _____ **Title:** _____

Project Address: _____ **City, Province, Postal Code:** _____

Project Telephone: _____ Project Fax: _____ E-mail: _____

DUDSON PATTERNS PRESENTED:

(1) _____ (2) _____ (3) _____

MINIMUM 50 DOZEN TO QUALIFY

Dealer Sales Representative: _____

Company Name: _____ **Telephone:** _____

Address: _____ **Fax:** _____

City, Province, Postal Code: _____ **E-mail:** _____

Dealer Sales Representative SIN: _____ - _____ - _____

(This is mandatory. No cheques will be processed unless this number is supplied. This information will be kept confidential.)

Purchase Order No.: _____

Dealer Sales Representative signature: _____

IMPORTANT NOTE: Major customer and/or national accounts programs that incorporate deviated pricing beyond normal discounts may be excluded. Please contact your Dudson Regional Sales Manger if you have any questions on the eligibility of a project on which you are working.

(Dudson USA Inc. Use Only)

Final Approval: _____

Regional Sales Manager signature: _____

Invoice Number: _____ Invoice Date: _____

Invoice Payment Date: _____

Payment Date: _____ Cheque Number: _____