



# 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, State, Zip:** \_\_\_\_\_

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, State, Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Dealer Sales Representative Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(This is mandatory. No checks 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: \_\_\_\_\_ Check Number: \_\_\_\_\_