

**APPLICATION FOR DISCOUNT PRICING**

**PLEASE COMPLETE AND FAX FORM TO 503 925 8910 OR EMAIL TO CONTACT@PACIFICGATEWORKS.COM**

**Check which apply:**

- Requesting Discount Pricing (see below for discount rates)
- Request to be added to Preferred Installer Network. We will refer our customers in your service area to you for installation services.

Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contractor License # and State: \_\_\_\_\_

Please describe your business: \_\_\_\_\_

Please describe your service area: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Do you install pedestrian gates? \_\_\_\_\_ Driveway Gates? \_\_\_\_\_

Do you install gate operators? \_\_\_\_\_ If so, what brands / models do you prefer? \_\_\_\_\_

**REFERENCES**

| Name | Phone Number | How Associated |
|------|--------------|----------------|
|      |              |                |

| Name | Phone Number | How Associated |
|------|--------------|----------------|
|      |              |                |

To which professional associations do you belong?

Are you insured and covered by worker's compensation? \_\_\_\_\_

**PACIFIC GATE WORKS USE ONLY**

|  |                               |            |
|--|-------------------------------|------------|
| <input type="checkbox"/> Approved<br>for discounts | Name _____<br>Signature _____ | Date _____ |
|--|-------------------------------|------------|