



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: _____

Business or 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

_____ Approved for discounts	Name _____ Signature _____	Date _____
---------------------------------	-------------------------------	------------