

**Paint On Screen / Digital Theater Paint
CERTIFIED PARTNER APPLICATION**

BUSINESS CONTACT INFORMATION

Contact Person:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?		# of Retail Locations:	
Telephone:	Fax:	E-mail:	
Primary focus of business:			
Avg. # jobs per year:		Avg. size of job:	
Projected growth:		Number of employees:	
Certifications:	1.	2.	3.
Projector Suppliers:	1.	2.	3.
Current Screen Suppliers:	1.	2.	3.
AV Suppliers / Distributors:	1.	2.	3.

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of reference:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of reference:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of reference:			

AGREEMENT

1. All applications are subject to approval.
2. By submitting this application, you authorize Paint On Screen, to verify information provided and to make inquiries into the business/trade references that you have supplied. Fax Completed Form To: 800.236.8015

SIGNATURES

Title: Date:	Title: Date:
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