# Professional Certified Installer Network Application

## 1. CONTACT INFORMATION

Full Name

Company Name

Email Address

Phone Number

Physical Address

Website or Social Media

Years in Operation

## 2. BUSINESS DETAILS

☐ Individual ☐ Company ☐ Startup ☐ Existing Service

Company Registration Number

VAT Number (if applicable)

If you are not already in the wrapping business, please provide more information on how you will take Cover Styl to market.

## 3. EXPERIENCE WITH ARCHITECTURAL FILMS

Have you worked with architectural films before? If yes, which brands and for how long?

## 4. APPLICATORS

How many applicators do you employ?

| | | |
|---|---|---|
| None ☐ | 1 ☐ | 2 ☐ |
| 3 ☐ | 4 ☐ | 5 ☐ |
| 5-10 ☐ | 10-15 ☐ | 15-20 ☐ |

## 5. Experience level

Please rate their application skill

Beginner ☐

Average ☐

PRO ☐

## 6. GEOGRAPHIC AREAS SERVED

Which cities pr provinces can you apply services in?

## 7. REFERENCES OR PORTFOLIO

Please provide or attach more information about projects that you have applicated using architectural films**?**

## 8. SIGNED

Full Name: _____

Signature: _____

Date: _____