

## How to Apply for License:

To move forward, after completing the non-disclosure agreement and returning to us, please complete this application and return it to the address shown. After review, we will contact you for further discussion. Thank you.

### License Program Application

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country: \_\_\_\_\_ Zip \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Is your company a Corporation? \_\_\_ Partnership? \_\_\_ Self Employed? \_\_\_ Limited Liability? \_\_\_

Other? Explain \_\_\_\_\_

If located outside U.S.A., do you have offices in U.S.A.? Yes \_\_\_ No \_\_\_

If privately held, list principal owners with 15% Ownership or more: \_\_\_\_\_

If Company is Private, do all owners work in the business daily? \_\_\_\_\_

How many years in business under this name? \_\_\_\_\_

Number of Employees? \_\_\_\_\_ Number of Service Employees? \_\_\_\_\_

Number of Office Employees? \_\_\_\_\_ Number of Sales People? \_\_\_\_\_

Number of Outside Sales Personnel? \_\_\_\_\_

Do you apply or represent any coating companies presently? \_\_\_\_\_

If you did apply or represent another coating in the past, why do you wish to change to Bronz-Glow's coating line of products? \_\_\_\_\_

Check the type of Bronz-Glow program in which you have interest?

Field Spray Applicator \_\_\_ Dip Applicator \_\_\_ Manufacturer's Rep. \_\_\_ Product Distributor \_\_\_

For the Field Applicator Program would you prefer? 1. Closed Trailer & Spray Equipment \_\_\_\_\_

2. Pressure Pot System \_\_\_\_\_ 3. HVLP System \_\_\_\_\_ 4. Airless Spray Rig \_\_\_\_\_

**Describe your company, its products and services:**

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**Describe how Bronz-Glow's products and services will benefit your company sales / service programs:**

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**Describe the type of assistance you expect from Bronz-Glow and Its Representative:**

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**List the geographical area presently serviced by your company:**

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**How did you hear about us?:**

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**Referral Firm Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**How long have you known the referral party?** \_\_\_\_\_ **Do you do business with them?** \_\_\_ Yes \_\_\_ No

**TRAINING**

Training is conducted at your facility location. Please let us know how soon you would like to get started and your anticipated schedule.

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*In order to schedule training, all administrative work must be completed and license executed. Allow 2-6 weeks for scheduling and equipment shipments. Return Completed agreement by Fax to (904) 825-0122 or Email to [Info@Bronz-Glow.com](mailto:Info@Bronz-Glow.com).*

**Thank you for your interest in Bronz-Glow Technologies, Inc.**

**Bronz-Glow®** Technologies, Inc.