

SPECIFICATION REGISTRATION - Please fill out form completely.



DATE: _____

EXPECTED BID DATE: _____

AGENT NAME: _____

ACCOUNT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____

EMAIL: _____

PHONE: _____

PROJECT: _____

LOCATION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ARCHITECT: _____

ENGINEER: _____

DESIGNER: _____

AGENT SPEC INVOLVEMENT:

PRODUCTS

	ITEM #	QUANTITY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

	ITEM #	QUANTITY
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

Please email completed form to CustomerService@PQLighting.com