

New Account Information

Community Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Management Company: _____

Manager Name: _____

Lead Maintenance Name: _____

HOW DID YOU HEAR ABOUT US?

*Vendor Guide _____

*Community Referral ___ *Community Name _____

*Name of Person who referred you _____

*Buyers Guide _____

*Trade Show _____ *Which One _____

*Site Visit By Area Rep _____

*Other _____

Thank You,

Flavor Finish Resurfacing

PLEASE FAX BACK TO: 817-858-0987

