

# REQUEST FORM FOR DEMO/TECHNICAL SUPPORT

**GENERAL INFORMATION** 

\*PLEASE DOWNLOAD AND SAVE THIS FORM ONTO YOUR DESKTOP PRIOR TO FILLING OUT ALL PERTINENT INFORMATION. ALL FORMS MUST BE COMPLETED AND SUBMITTED USING ADOBE ACROBAT IN ORDER TO BE PROCESSED.

Sales Representative:  Date of submission:			
Requested Date:			
From:	To:		
Requested Start Time: :	Requested End Time:	:	
CLIENT INFORMATION			
Company Name:			
City:	Telephone Number: (	)	
Address:	Postal Code/ZIP Code:		
Name of owner or person responsible:			
Name of painter or person using products:			
Years of experience:			
PRODUCTION DETAILS			
	LO.		
On average, how many vehicles are being painted/wee	K?	V	
Are they under contract with a paint company?		Yes	No
If yes, which company?		Yes	
If under contract, will they be using products outside of this contract?			No
Which jobber are they purchasing from?			

## **PRODUCT USAGE**

	Brand present	rand presently being used Quantity ordered/month Total Produ		Quantity ordered/month	
	Main Paint Line	Generic Line	Main Paint Line VS Generic		TOLAT FTOUUGL
Primer			Kits	Kits	
Sealer			Kits	Kits	
Base Coat			Liters	Liters	
Clear Coat			Kits	Kits	

#### **PAINT GUN**

Brand: Model:

Type: Conventional HVLP LVLP RP

Nozzle:

Feed: Gravity Siphon

Is there a proper high volume air system? Yes No

## **SPRAY BOOTH**

Types: Open Non-Pressurized Pressurized Airflow: Crossflow Semi-Downdraft Downdraft

Air make-up? Yes No Bake? Yes No

# **CARWORX FEATURED PRODUCTS**

What are the products you want a demo for?

Part Number	Product Name/Description	Is the client already using the product?	
		YES	NO
		YES	NO