

CONFIDENTIAL

CHEM LINK CONTRACTOR SUPPORT PROGRAM

Contact Information:

Company Name: _____

Company Website: _____

Position: _____

Name: First: _____ Last: _____

Date of Birth: _____ (optional)

Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone: _____ Mobile Phone: _____

Chem Link Rep: _____

Most commonly used Chem Link Distributor (name/ location): _____

Business Details:

Type of Construction (please circle all that apply): *Commercial Residential Metal Low-Slope Waterproofing*

Please list all aspects of construction you are involved with:

Please list your favorite Chem Link products:

Permission to Contact:

Chem Link's Contractor Support Program is designed to get valuable tech data guides, cut sheets and product samples to you. We will periodically contact you to ensure your satisfaction with our new program and get any feedback you choose to share.

I authorize Chem Link to contact me.

Signature: _____

Date: _____

All information is confidential. Chem Link does not sell or distribute data to 3rd parties.

Please print, fill in and send to:

US Postal Service: Chem Link
 Attn: D Blue
 P.O. Box 9
 Schoolcraft, MI 49087

Fax: 269-679-4448