



Service is our Signature!

NEW DEALER REGISTRATION FORM

Company Name:		
SHIP TO ADDRESS:		
City:	State	Zip:
Phone Number:		Email:

Installation Experience (check any that apply) **Auto Window Film** **Flat Glass Window Film**
 Safety Security Film **Paint Protection** **Decorative Window Film** **Pinstriping**
 Car Wrap **Window Blinds/Shades.**

Previous Installation Training Y or N. (if yes use lines below to list certifications and year):
Any Interest in additional training Courses Y or N

Name On Credit/Debit Card:		
Credit/Debit Card Address:		
City:	State	Zip:
Credit/Debit Card (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card Number:		
Exp Date:	CVV Number:	

I Authorize GBM ASSOCIATES dba SAGR Products Int'l. to charge / withdraw from my account listed above as payment for products or services purchased through SAGR Products Int'l. Furthermore, under penalty of law, I confirm this is my account and have authorization to remove funds for payment and I will not dispute payment with my bank or Credit Card Company.

Signature **Printed Name/Title** **Date**