

Western Air Systems Certification, Inc. Customer Registration Form

Date CA License #

Company

Principal

Address

City Zip

Phone Cellular

Fax After hours

eMail Address

CONTACT INFORMATION FOR OTHER STAFF

HERS ADMIN Ph
Email:

SERVICE MGR Ph
Email:

INSTALL MGR Ph
Email:

HERE'S THE WAY I WANT TO HANDLE HERS!

<input type="checkbox"/> MY INSTALLER WILL BE ON-SITE	<input type="checkbox"/> LEAVE DOCUMENTS ON-SITE	<input type="checkbox"/> EMAIL DOCUMENTS TO US
<input type="checkbox"/> IN CASE OF FAILURE - CALL ME	<input type="checkbox"/> WASC TO MAKE TEST APPTS.	<input type="checkbox"/> LEAVE DOCUMENTS ON-SITE
<input type="checkbox"/> I WILL ENTER CF-1R DOCS	<input type="checkbox"/> WASC WILL ENTER CF-1R DOCS	<input type="checkbox"/> WASC WILL EMAIL INVOICE

OUR COMPANY'S PRIMARY FOCUS IS:

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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Comments:

SEND FORM

Western Air Systems Certification, Inc.
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916.624.2171 ~ info@westerncertification.com


Western Air Systems Certification
ACCURATE CERTIFICATION. ALWAYS