

SMP Project Registration Form #126

[Please print or type responses]

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

End User Name: _____

Project Name: _____

Project Start Date: _____ Project End Date: _____

Distributor: _____ Distributor Contact: _____

Estimated Total Value of SMP products specified in the project: _____

(If applying for the 24 year system warranty, refer to the MDIS program warranty guidelines.)

Checklist for required items with this application: Bill of Materials

RFP Document:

Signature: _____

Print Name: _____ Date: _____

To Be Completed by SMP

The above information has been verified to be correct.

Rep Signature: _____ Date: _____

Regional Signature: _____ Date: _____

Date Received: _____

Project Number Assigned: _____