

WINSTON INDUSTRIES

SPECIFICATION CREDIT REGISTRATION Promotional Dealer Program

	Date:
Winston Sales Partner (WSP)	Territory:
Project/End User:	City, State:
Parent Company (if applicable):	City, State:
Location:	City, State:
Specifier (Contact name):	City, State:
Dealer:	_
PRODUCTS SPECIFIED	
Model Number & Description	Quantity
Project Bid Date (if known):	
Project Delivery Date (if known):	
Send completed form to: Wir	nston Regional Sales Manager or WSP
	r receipt by submittal of spec credit form and approval of pricing. ill return a copy to the applicant. Without prior approval of spec n Sales Policy as it relates to commissions.
Non-preferred dealer spec program is a limite Winston Industries.	ed time program offering and may be discontinued at any time by
Winston Administration Only	
Spec Credit Denied: 🗌 Spec Credit Appr	oved: 🗌 Spec Credit Project Number:
Date:	Ву:
	Winston Regional Sales Manager
	LLC 2345 Carton Dr. Louisville, Kentucky 40299
1.800.234.5286 1.502.495.54 Page 1 of 1	00 FAX 1.502.495.5458 www.winstonindustries.com