APRILAIRE THERMOSTAT CUSTOM ID FORM

❑ NEW ❑ CHANGE

Plate Number: _____

PRODUCT PURCHASE AND AUTHORIZATION

Model	Quantity
8570	_____
8444	_____
8446	_____
8448	_____
8463	_____
8465	_____
8466	_____

Dealer's Purchase Order Number to Wholesaler _____

Wholesaler's Name _____

Wholesaler Sales Person _____

Wholesaler Phone Number _____

***Attach proof of purchase from wholesaler (invoice) and send with this form.**

Dealer Information (Please Print Clearly)

Business Name: _____ Contact Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Imprint Information (Please Print Clearly)

8570 Electronic Display Entry (8570 only)

___ *(max of 20 characters)*

___ *(max of 20 characters)*

___ *(max of 20 characters)*

Characters Available for Dealer ID Programming: Letters: *A–Z* ***Numbers:*** *0–9* ***Punctuation:*** *@ ? > = < " : / . - + & % [ ] *

8400

Select Method

❑ Camera Ready Artwork attached

❑ Emailed (to promotions@aprilaire.com)

❑ Text Only

(All proofs will be faxed or emailed for dealer approval)

Space

YOUR INFO HERE

(Image will be sized to maximize imprint in available space approx. 1.75 x .625 inches. Text and/or logo will be printed in gray. All logos are converted to black & white. Photos, shading and screens may not transfer for print. Your logo may have to be modified for pad printing.)

Text Only

Please print dealer name and phone as it should appear for text only imprint.

Dealer Name: _____

Phone Number: _____

❑ REORDER Free 8400 Series Battery Cover Reorder (Please Print Clearly)

❑ 8400 Reorder Number of Covers _____ *(Increments of 50)* (Order 3 to 6 month supply.) *(Allow up to 2 weeks for delivery of your custom imprinted battery covers.)*

Business Name: _____ Contact Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Form 5205 12.09 Printed in USA