

# Application form

*– joining the SmartGlass Network is simple...*

Trading name of your business:				
Type of business:				
Tick the one that best describes your business				
Stockist	<input checked="" type="checkbox"/>	Repair glazier	<input checked="" type="checkbox"/>	Other (please describe)
Shopfitter	<input checked="" type="checkbox"/>	Glass manufacturer	<input checked="" type="checkbox"/>	
Contract glazier	<input checked="" type="checkbox"/>	Furniture manufacturer	<input checked="" type="checkbox"/>	
Membership level required: (see qualification criteria)				
Associate	<input checked="" type="checkbox"/>			
Member	<input checked="" type="checkbox"/>	GSA Account Number		
Partner	<input checked="" type="checkbox"/>	GSA Account Number		
Postal address				
Postal code				
Physical address				
Postal code				
Telephone No.				
Fax No.				
Web address				

Your key business contacts:				
Please list the key people that will interact with GSA & their contact details				
Title	First name	Surname	Cell number	Email address
Preferred language		Preferred way to receive communications		<input checked="" type="checkbox"/> fax <input checked="" type="checkbox"/> email <input checked="" type="checkbox"/> post
Preferred language		Preferred way to receive communications		<input checked="" type="checkbox"/> fax <input checked="" type="checkbox"/> email <input checked="" type="checkbox"/> post
Preferred language		Preferred way to receive communications		<input checked="" type="checkbox"/> fax <input checked="" type="checkbox"/> email <input checked="" type="checkbox"/> post
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