



Potential Supplier Registration Form

Please complete the form below to help us understand your business and interest in our product.

1. Company Information

Company Name:

Company Address:

City:

Region:

Post Code:

Country:

Company Website:

Years Trading?

2. Contact Information

Primary Contact Name:

Job Title:

Email:

Phone Number:

3. Business Details

Products/Services Offered:

Please list your main products or services, particularly those related to building safety or hazardous material management if applicable.

Area/s Served:

Continued on next page...



4. Interest in RZ-Ecoseal E

How would you rate your interest in stocking RZ-Ecoseal E (Asbestos Encapsulant)?

Very Interested

Interested

Need More Information

Not Interested

*Are you currently distributing any similar products? If **yes** please list them below:*

5. Any Questions?

*Do you have any questions regarding the product or regarding this opportunity?:
(Feel free to include any additional details)*

6. Confirmation

Signed:

Dated: