



Wall Chart Request Form

Submit Request to Marketing Department

Requested by: _____

Date: _____

Please type or print clearly and include all applicable information.

End User: _____		Include CLEAR printed copy of logo, email digital copy of logo, or include website address.			
Daily Cleaning		Scrub & Recoat		Strip & Recoat	
<input type="checkbox"/> Eclipse Dust Mop Treatment		<input type="checkbox"/> Eclipse Dust Mop Treatment		Strip floors with:	
Clean floors with: Cleaner: Dilution: Frequency:		Deep Scrub floors with: Cleaner: Dilution: Frequency:		Stripper: Dilution: Frequency:	
Clean floors using: <input type="checkbox"/> Autoscrubber <input type="checkbox"/> Mop/Bucket Cleaning Pad:		Deep scrub using: <input type="checkbox"/> Autoscrubber <input type="checkbox"/> Mop/Bucket Deep Scrub Pad:		Apply stripper using: <input type="checkbox"/> HydroStar <input type="checkbox"/> Mop/Bucket	
Maintain floors with: Maintainer: Dilution: Frequency: Apply maintainer with: <input type="checkbox"/> Autoscrubber <input type="checkbox"/> Mop/Bucket		Recoat floors with: Coating: # of Coats: <input type="checkbox"/> Burnish <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Battery Burnish Pad:		Strip floors using: <input type="checkbox"/> Stripping Machine <input type="checkbox"/> Autoscrubber <input type="checkbox"/> Other: Stripping Pads/Brushes:	
<input type="checkbox"/> Burnish Frequency: <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Battery Burnish Pad:				Pick up stripper with: <input type="checkbox"/> StripVac <input type="checkbox"/> Autoscrubber <input type="checkbox"/> Other:	
Special Instructions:				Rinse/Clean/Neutralize with: <input type="checkbox"/> Eclipse Neutral Cleaner <input type="checkbox"/> Eclipse All Purpose Neutralizer <input type="checkbox"/> EnviroStar Green All Purpose Neutralizer	
				Rinse/Clean/Neutralize using: <input type="checkbox"/> Autoscrubber <input type="checkbox"/> Mop/Bucket	
				Seal floors with: Sealer: # of Coats:	
				Coat floors with: Coating: # of Coats:	
				<input type="checkbox"/> Burnish <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Battery Burnish Pad:	
Contractor Name & Contact Info to Include:		Include CLEAR printed copy of logo, email digital copy of logo, or include website address.			
Distributor Name & Contact Info to Include:		Include CLEAR printed copy of logo, email digital copy of logo, or include website address.			
Quantity:	Size: <input type="checkbox"/> Letter <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Laminated	Date needed:		Indicate a specific date rather than "ASAP".	
Ship to:					