



ADVANCE SIGN GROUP

"YOUR NATIONAL SIGN SOURCE"

834 West Third Ave., Columbus, OH 43212

(614)429-2111

fax (614)429-2150

INSTALLATION PARTNER CERTIFICATION

Advance Sign Group is a national sign vendor looking for highly qualified installation partners across the United States. Our clients are high end banking, retail, hospitality service and restaurant chains.

Becoming an Installation Partner with Advance Sign Group requires certification. Your company must meet high standards set forth not only by Advance Sign Group but also by our customer base. Since you and your employees will be Advance Sign Group's Partners we expect a high level of service and a strong ethical code. You will be Advance Sign Group to our customers and we take this very seriously.

What we expect:

- Licensed, bonded and insured
- The ability to provide timely installation at a reasonable and competitive cost
- Courteous and professional personnel
- Partnership commitment, consisting of ethical treatment of ASG clients
- Provision for 24 hour access numbers
- 24 hour response time to questions or concerns
- The ability to work before or after normal business hours if necessary
- Complete turnkey service including final electrical hookup in jurisdictions where this is permissible
- Ideal candidates would have the ability to manufacture product (especially neon) if necessary
- Completion photographs and customer sign off sheets are to be delivered within 48 hours of completion
- Invoices are to be provided within 5 business days
- Conformance to ASG purchase order terms (on a per job basis)
- All communication with the client should be through your Advance Sign Group project manager. No onsite decisions are to be made by your personnel without contacting your ASG representative.

I agree to the terms and conditions set forth and hereby apply for certification as an Advance Sign Group Installation Partner.

Company Name _____

Primary Contact Name _____

Signature _____ Date _____



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IF YOU WOULD LIKE TO BE LISTED IN OUR SERVICE PROVIDERS DATABASE PLEASE COMPLETE THIS FORM AND EITHER E-MAIL TO JBROOKS@ADVANCESIGNGROUP.COM OR FAX BACK TO THE ATTENTION OF JAMES BROOKS

COMPANY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PRIMARY CONTACT _____
PHONE # _____ CELL # _____ FAX # _____

IN HOUSE FABRICATION CAPABILITIES AND SERVICES PROVIDED

EQUIPMENT / DESCRIPTION

<input type="checkbox"/> CRANE TRUCK _____	<input type="checkbox"/> ROUTER _____
<input type="checkbox"/> BUCKET TRUCK _____	<input type="checkbox"/> PLOTTER _____
<input type="checkbox"/> SERVICE TRUCK _____	<input type="checkbox"/> DIGITAL PRINTER _____
<input type="checkbox"/> AUGER _____	<input type="checkbox"/> NEON PLANT _____
<input type="checkbox"/> BACKHOE _____	<input type="checkbox"/> OTHER _____

BUSINESS INFORMATION

NUMBER OF YEARS IN BUSINESS _____ SERVICE RADIUS _____

UNION NON UNION

LICENSED CITIES _____

THANK YOU FOR TAKING THE TIME AND INTEREST IN BECOMING ONE OF OUR CERTIFIED SERVICE PROVIDERS. WE LOOK FORWARD TO THE OPPORTUNITY TO WORK TOGETHER.