



SAMPLES REQUEST

DEALER INFORMATION	
NAME:	
PHONE:	
EMAIL:	

CLIENT INFORMATION			
NAME:			
PHONE:			
EMAIL:			
SHIPPING ADDRESS: <small>NOTES: If possible, it is more economical and quicker to ship to a BUSINESS ADDRESS. Shipping to PO boxes is NOT available.</small>	<STREET ADDRESS>		
	<STREET ADDRESS>		
	<CITY>	<PROVINCE>	<POSTAL CODE - REQUIRED>
BUSINESS HOURS:	<OPEN >	<CLOSE>	

REQUESTED SAMPLES:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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PLEASE EMAIL COMPLETED FORM TO SAMPLES@FRASERSHADING.COM