

# PROLINK DISPENSER PROGRAM

## DISPENSER BUILD FORM

*Instructions:*

1. Check off 1 Product per cabinet. Choose only 1 product per section. (i.e. PolVita Restroom instead of Enzysan2000 for top right cabinet)
2. Fill out the information below, including Distributor, Sales Representative Name, and Name of Account.
3. Submit to Melissa Remington by email at [mremington@cleaneasier.com](mailto:mremington@cleaneasier.com) or fax at 207.856.0001

**\*\*Note: Build form MUST accompany an order of 1 case per product, per dispenser, to qualify for free dispenser and wallchart**

PRODUCT NAME		
<input type="checkbox"/> Contact 64 #18		

**Substitute Product Option:**

Contact 256 #19

PRODUCT NAME	
<input type="checkbox"/> Linpol Gloss #44	

**\*No Substitute Product Available\***

Number of Dispensers Needed:

Distributor: \_\_\_\_\_

Sales Representative Name: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Account Website Address (for logo art) if possible: \_\_\_\_\_



PRODUCT NAME		
<input type="checkbox"/> Enzysan 2000 #11		

**Substitute Product Option:**

PolVita Restroom 24/7

PolVita Multi-Surface 24/7

PRODUCT NAME		
<input type="checkbox"/> Delta Ultra #2		

**Substitute Product Option:**

PolVita Restroom 24/7

PolVita Multi-Surface 24/7

Delta Ultra #2	GEN212
Enzysan2000 #11	GEN211
Contact 64 #18	GEN850
Contact 256 #19	GEN852
Linpol Gloss #44	GEN853
PolVita Restroom 24/7	GEN864
PolVita Multi-Surface 24/7	GEN863