

DATE:

## Simply the most reliable!

## ST. CROIX STOVES BURN DISPLAY AUTHORIZATION REQUEST Distributor/Dealer Program

	DEALER
NAME:	
ADDRESS:	CTATE: 770.
CITY:	STATE: ZIP:
CONTACT:	
	DISTRIBUTOR (if applicable)
NAME:	
ADDRESS:	
CITY:	STATE: ZIP:
CONTACT:	PHONE NO.:
DISTRIBUTOR SIGNATURE:	-
Dealer Please Complete:	
MODEL NUMBER:	SERIAL NUMBER:
INVOICE NUMBER:	INVOICE DATE:
DATE INSTALLED:	
PURCHASE PRICE:	
k*IInit Must Be Installed and Burn	ing from September 1 to February 28 To Obtain Credit Li
1 Burn Credit Per 10 Units Purchas	ing from September 1 to February 28 To Obtain Credit. Li sed Annually, Maximum of 2 Burn Credits Per Location
1 Burn Credit Per 10 Units Purchas	
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