### CFOWV logo - web size

**ExitVue Certificate Request Form**

Phone: 07 5504 5512 Email: sales@onewayvision.com.au

 sean@onewayvision.com.au

### Item A: Printer/Installer Details

Office Use Only

**Certificate#**

**Date Received**

**Posted**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Contact Name |  |
|  |  |  |  |
| Email |  | Phone |  |
|  |  |  |  |

### Item B: Installation Details

|  |  |  |  |
| --- | --- | --- | --- |
| ExitVue Supplier |  | Supplier Inv. No |  |
|  |  |  |  |
| Install Date |  | No. of Exits |  |
| Batch No(See box label) |  | Purchase Date |  |

### Item C: Bus Details

|  |  |  |  |
| --- | --- | --- | --- |
| Bus Make, Model, Year |  | Bus VIN |  |
|  |  |  |  |
| Number Plate |  | Advertiser |  |
|  |  |  |  |
| Bus Owner/Operator |  | Contact Name |  |
|  |  |  |  |
| Contact Phone |  | Contact Email |  |
|  |  |  |  |
| Postal address for certificate |  |
|  |  |  |  |

### Item D: Declaration

We have read in full the install instruction guidelines for ExitVue. In requesting this certificate, we certify that the installation has been completed as per the guide with only ExitVue material and appropriate care with grid pattern scoring.

Certificate will be issued upon return of this document and payment receipt.

**$120 fee applies to each certificate issued.**

**Dep: Clear Focus One Way Vision Pty Ltd**

**BSB: 064-445**

**A/C: 1056 3134**

**Ref: Business Name:**

(Please mark X in box as confirmation)