

FOR OFFICE USE ONLY:

APP	MCS	ACCESS	USERS	INV NO	PAID	DPD SENT

  

DPD Recieved	E-Mail	RET 1	RET 2	RET 3	CERT



# Online Training Request

If you are an installation business requesting training on behalf of a named individual, or you are an independent installer looking to purchase and install Limpets yourself, please complete the following details.

## Business Details (PLEASE USE CAPITAL LETTERS)

**Business Name:** .....

**Business Address:** .....

**Contact Name:** .....

**Position:** .....

**Contact Phone No:** ..... **Mobile No:** .....

**Contact Email:** .....

**Accounts Email:** .....

(For invoicing)

These details will be recorded on our customer database for ordering, and invoicing purposes.

## Installer Details (PLEASE USE CAPITAL LETTERS)

I wish to apply to train online to use Solar Limpets on (Tick only one choice per application)

Slate:     Rosemary Type Tile:     Flat Roof:

**Full Name:** .....

**Email:** ..... **Mobile No:** .....

**Installers Signature:** ..... **Date:** .....

Electronic signatures are **NOT** acceptable. Print, sign, scan and return to [sales@solarlimpets.co.uk](mailto:sales@solarlimpets.co.uk)

Upon return you will receive an invoice. Upon payment your training pack will be shipped to you to the above business address and website login details will be sent to you via email.

[www.solarlimpets.co.uk](http://www.solarlimpets.co.uk) | Helpline: **07968 231145** | [sales@solarlimpets.co.uk](mailto:sales@solarlimpets.co.uk) | **01993 869278**