ARGONICS
ENGINEERED POLYURETHANE

# Testimonial Form

Name: _____ Phone: _____

Company: _____

Product Installed: _____

Date Installed: _____

Location Installed: _____

Testimonial: _____

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Attach any additional sheets, as necessary. E-mail photos of product to information@argonics.com.

☐ By checking this box, I authorize Argonics to use my testimonial, as well as my name and company name, on the Argonics website and any other marketing or advertising materials.

Signature: _____ Date: _____

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