



COMMITTED
TO EVOLUTION



URKISYSTEM

URKIMIX^{PRO}



SINEK NN

PAINT SETUP APPROVAL FORM

Distributor: _____

CLIENT INFORMATION

Business name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number: _____

Total amount of paint purchased per month by the bodyshop : _____

SOFTWARE

Person responsible for the software: _____

Email: _____

PREFERRED INSTALLATION PROGRAM

1 Half Setup

2 Full Setup

3 Full Setup With Spectrophotometer

PREFERRED PAINT SYSTEM

1 Urkimix Pro

2 Sinnek

3 Urki System



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