## FLUXWERX.

## **Spec Registration Form**

Please send a copy of the fixture schedule and a completed registration to [serviceteam@fluxwerx.com]. All information must be accurate and complete to qualify for specification credit.

DATE

## PROJECT NAME

**PROJECT LOCATION** 

On projects that involve Specifiers and Customers in multiple territories all affected Representatives are strongly encouraged to communicate and coordinate directly in order to reach mutually acceptable agreements regarding the allocation of any and all associated compensation. In the event that a satisfactory agreement cannot be reached, Fluxwerx reserves the rights to make the final and binding determination of compensation allocation.

SPECIFYING AGENCY	PHONE	
CONTACT NAME	EMAIL	
WHICH AGENCY CONTROLS THE PRICING?	SPECIFICATIO	N TERRITORY

Note: Successfully submitting and receiving approval to bid on products as an equivalent does not in itself constitute professional effort consistent with the development of specification, nor with the award of specification sales credit.

IS FLUXWERX THE SPECIFIED FIXTURE?	YES	5	NO
IF YES, LIST THE APPROVED ALTERNATIVES			
IF NO, LIST FLUXWERX PRODUCT & APPROVED ALTERNATIVES			
ESTIMATED BID DATE	ESTIMATED VALUE OF FLUXWERX PRODUCT		
ARCHITECT	PHONE		
CONTACT NAME	EMAIL		
LIGHTING DESIGNER	PHONE		
CONTACT NAME	EMAIL		
ELECTRICAL ENGINEER	PHONE		
CONTACT NAME	EMAIL		

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Please provide a complete list of catalog numbers and descriptions with quantities and spec types.

SPEC TYPE	CATALOG NUMBER	QUANTITY	DESCRIPTION

## ADDITIONAL NOTES