



GSA DEALER REGISTRATION FORM
GROUPE LACASSE LLC / GS-27F-006GA
(Lacasse, Nvision, Arold, United Chair)

Date:
Dealer Name:
Contact: / Title:
Dealer Address:
City State ZIP Code
Phone: / Fax:
Email:
GOVERNMENT PROJECT INFORMATION:
Government Agency:
Project Location:
Approximate \$ List Value:
Approximate Order Date:
PRODUCT BEING SPECIFIED: (Attach separate sheet if necessary or quote)
ADDITIONAL INFORMATION:
PLEASE RETURN COMPLETED FORM TO:
Ben Wagenmaker, Government Contract Administrator / Groupe Lacasse LLC
Phone: 888-522-2773 x1142
Fax: 800-461-2643
Email: GSA-State@groupelacasse.com
APPROVED BY:
Groupe Lacasse Regional Manager DATE:
Groupe Lacasse GSA Program Manger DATE: