



SKELETON INDUSTRIES EOI APPLICATION FORM

TRADE & WHOLESALE

Effective June 2025

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____

PHONE: _____

BUSINESS NAME: _____

ACN/ABN: _____ YEARS IN OPERATION: _____

BUSINESS ADDRESS: _____

WEBSITE ADDRESS: _____

SOCIAL MEDIA HANDLES: (OPTIONAL) _____

TYPE OF WORK YOU DO: (CIRCLE)

BUILDER / GLAZIER / CABINET MAKER / DESIGNER / PLUMBER / OTHER

IF OTHER PLEASE SPECIFY: _____

WHAT PRODUCTS ARE YOU INTERESTED IN? (CIRCLE)

MIRRORS / SHOWER SCREENS / SLIDING ROBE DOORS / SPLASHBACKS / GLASS CUT TO SIZE
STOCK PANELS / GLASS SHEETS / OTHER

IF OTHER PLEASE SPECIFY: _____

SUPPLY ONLY OR DO YOU REQUIRE DELIVERY?: _____

PREFERRED PICK UP / DELIVERY DAYS: _____

ADDITIONAL NOTES OR REQUESTS: