

EQUIVALENT APPROVAL OF WELDING CONSUMABLES DECLARATION OF MARKETING COMPANY

Marketing Company	
Company Name:	
Address:	
City:	
Province/State:	Postal/Zip Code: _____
Telephone: _____	Fax: _____ Mail: _____

I/We the undersigned authorized representative(s) of the above named company confirm that the welding consumables named below are obtained solely from the Manufacturing Company named below and that no re-packaging or relabelling is carried out by us or our agents.

I/We confirm that we will advise the CWB Group, in writing, immediately if any of the above statements become invalid.

Manufacturing Company	
Company Name:	
Address:	
City:	
Province/State:	Postal/Zip Code: _____
Telephone: _____	Fax: _____ Mail: _____

Marketed Product Name(s)	Manufacturer's Product Name(s)

Certificate(s) to be invoiced to: Manufacturing Company Marketing Company

Signature: _____ **Date:** _____

Name: _____ **Position:** _____