



## APPLICATION STORY SUBMISSION

Name	Title	Company

**Application**

**Problem**

**Solution**

## Result

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*Name*

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*Title*

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*Signature*

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*Date*

- Please return this signed and dated form to Blacoh by fax at 951-342-3101 or, by email to [Sales@Blacoh.com](mailto:Sales@Blacoh.com).
- If providing a company logo and/or application photograph, please email attachments to [Sales@Blacoh.com](mailto:Sales@Blacoh.com).

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