

GripHeat — Partnership & Investment Inquiry

Power. Warmth. Grip. Reinvented.

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Full Name:

Company / Organization:

Email:

Phone:

Interest Type: ☐ Supplier ☐ Investor ☐ Collaborator ☐ Other

Area of Expertise or Interest:

How Did You Hear About GripHeat:

Message / Notes:

Best Time to Contact:

Date: _____ **Signature:** _____