

Simple Solutions Dist. LLC Dealer Application

Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Web site: _____

Type of Business: (Check all that apply)

Septic Service: Excavation/Septic installer: Plumber:

Construction: Engineer: Supply store: Other:

If other describe: _____

If you wish to be on a 30-day billing cycle instead of prepayment a credit card number is needed for a security deposit. Your credit card will be billed for any balance 10 days past due. By signing below you agree to these billing terms.

Type of Credit card:

Visa MasterCard: Discover: American Express:

Name on Card: _____

Billing address of Credit Card:

Credit card Number: _____

Expiration date: _____ CSV# _____

Signature of applicant: _____

Fax completed form to 973 697 8727 Attention Lou Pagano