

# Simple Solutions Dist. LLC Credit 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. Or complete the reference section of the application. If leaving a credit card number for deposit there is no need to complete the reference section of the form. If leaving a credit card number for 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 973 858 0219 Attention Lou Pagano

## **References:**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

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