

Total Landscape Technology
APPLICATION FOR A DIPS DROP IN PLANTING SYSTEM PREFERRED INSTALLER

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS INFORMATION

City, State ZIP Code		Insurance name:	
Website		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		State License #:	
E-mail		Type of License	
Range in Miles you service		Primary Service you provide	

CUSTOMERS/BUSINESS/TRADE REFERENCES

Customer /Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Other	
Customer/Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Other	
Customer/Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Other	

AGREEMENT

1. Preferred Installer "PI" Status will be listed on our website by region of service and in order of priority based on volume of DIPS installed and/or ordered.
2. No Cost or Order Preferred Installer Status is trail only. Order of DIPS or Installation must be completed within 30 days of "PI" Acceptence.
3. Agreement, certification and terms may be updated anytime by Total Landscape Technology LLC. This application does not guarantee Preferred Installer Status.
4. Purchase Orders for DIPS are to be paid 30 days from the date of the invoice.
5. Claims arising from invoices must be made within seven working days.
6. By submitting this application, you authorize Total Landscape Technology to make inquires to trade references that you have supplied.

SIGNATURES

Signature		Date	
Printed Name		Title	