



INDIVIDUAL NAME or ORGANIZATION: _____ **DATE** _____

MAILING ADDRESS:

SHIP TO ADDRESS:

TELEPHONE # _____

ATTN: _____

FAX# _____

TEL# _____

WEBSITE _____

PREFERRED CARRIER: _____

KEY CONTACTS:

	TITLE	CELL#	E-MAIL#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PESTICIDE LICENSING INFORMATION:

(A) APPLICATOR

Pest Control Service License # _____

<u>APPLICATOR NAME</u>	<u>LICENSE#</u>	<u>CATEGOR(IES)</u>	<u>EXPIRY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(B) DEALER /RETAILER

<u>Pest Control Vendor License#</u>	<u>CATEGORY(IES)</u>
<u>Dispenser Name</u>	<u>CERTIFICATE #</u>
_____	_____
_____	_____
_____	_____
_____	_____

AWSA# _____