

Sales Rep/Certified Installer Application

Company Information

Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

Tax I.D. Number: _____

Email: _____

For Online Account Access:

User Name (e-mail address): _____ Password: _____

Independent Sales Representative Requirements:

Sign the Independent Sales Representative Agreement

_____ Date Independent Sales Representative Agreement Signed

Installer Certification Requirements:

In addition to signing the Independent Sales Representative Agreement, each Certified installer must 1) sign the Independent Contractor Agreement, 2) pass SMARTLandscaping 101-103 classes, and 3) provide the below insurance and business license summary.

_____ Date Independent Contractor Agreement Signed

Contractor License # _____ Business License # _____

Worker Compensation Carrier _____ Workers Comp Policy # _____

Commercial General Liability Carrier _____ CGL Policy # _____

Please fax the completed application form to (714) 442-2414.