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|---|--|--|--|--|---|-----------------|-----|------------|--|
| PRODUCT SALES FORM | | | | POST DATE? YES <input type="radio"/> _____ NO <input type="radio"/> | | | | | |
| EMP# | | REP | | DATE | | TIME | | LEAD | |
| CUSTOMER NAME | | | | EXISTING CUST? | | YES | | NO | |
| PHONE | | | | # on Account | | | | | |
| EMAIL ADDRESS | | | | | | | | | |
| ADDRESS | | | | | | | | | |
| CITY | | | | STATE | | | ZIP | | |
| Product Information | | | | Actual Retail | | QTY | | Total Cost | |
| SEPTIC MAXX | | 2 1/2 Year- 60 packs | | \$218.00 | | | | | |
| | | 1 Year 26 Bags | | \$108.00 | | | | | |
| POWER PUCKS | | 12 Pucks | | \$231.88 | | | | | |
| | | 6 Pucks | | \$132.88 | | | | | |
| TRILLION TABS | | 6 MONTH – 1 quarterly treatments | | \$99.00 | | | | | |
| | | 1 YEAR – 4 quarterly treatments | | \$189.00 | | | | | |
| | | 1 YEAR–4 quarterly treatments INVOICE | | \$249.00 | | | | | |
| | | 2 YEAR – 4 quarterly treatments | | \$299.00 | | | | | |
| DISPOSAL PACS | | 1 Bag of 6 Foaming Garbage Disposal Pacs | | \$49.95 | | | | | |
| MINI BOTTLES – DRAIN OPENER | | 10 4-oz Mini Bottles – Drain Opener | | \$59.00 | | | | | |
| | | 20 4-oz Mini Bottles – Drain Opener | | \$109.00 | | | | | |
| MINI BOTTLES – DISPOSAL | | 4 4-oz Mini Bottles – Garbage Disposal | | \$24.88 | | | | | |
| | | 8 4-oz Mini Bottles – Garbage Disposal | | \$44.88 | | | | | |
| FULL SIZE BOTTLES | | 1 16-oz Bottle of PET MAXX | | \$19.95 | | | | | |
| | | 1 16-oz Bottle of MULTI MAXX | | \$19.95 | | | | | |
| 3-IN-1 DIY KIT | | 10 4-oz Drain, 4 4-oz Disposal, 4 Pucks | | \$188.00 | | | | | |
| CLAMSHELL | | 1 4-oz Drain, 1 4-oz Disposal, 2 Pucks | | \$19.95 | | | | | |
| AJ SPECIAL | | 12 4-oz Drain, 6 4-oz Disposal, 6 Pucks | | \$188.00 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PAY IN FULL MULTI PAY INVOICE | | 1 st pay \$ _____ on _____ | | BENEFITS <input type="radio"/> \$25 CARD <input type="radio"/> _____ | | 7% FL Sales Tax | | | |
| | | 2nd pay \$ _____ on _____ | | | | S & H | | | |
| | | 3rd pay \$ _____ on _____ | | | | GRAND TOTAL | | | |
| | | 4th pay \$ _____ on _____ | | | | | | | |
| | | | | | | | | | |
| CC TYPE <input type="radio"/> VISA <input type="radio"/> MC <input type="radio"/> AMEX <input type="radio"/> DISCOVER | | | | | Bank Name _____ | | | | |
| CC # _____ | | | | | CITY/STATE _____ <input type="radio"/> CHECKING <input type="radio"/> SAVINGS | | | | |
| EXP _____ CVV _____ BILLING ZIP _____ | | | | | ACCT # _____ ROUTING # _____ | | | | |
| AssureSign PAYMENT AUTH TO BE SENT VIA: EMAIL TEXT/SMS FAX POST/MAIL AUTH FORM SENT ON _____ VIA _____ BY _____ SIGNED FORM RECEIVED ON _____ VIA _____ BY _____ | | | | | | | | | |
| Updated March 2021 PROCESSOR: ORDER # _____ AMT \$ _____ | | | | | | | | | |