

Application for Membership Bane-Clene® Referral Program

COMPANY NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

()

()

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

List zip code areas you wish to represent. *(Use other side, if necessary.)*

REQUIREMENTS AND STATEMENT OF COMPLIANCE

Annual chemical purchases of a minimum of \$1,000 are required to remain active in the Referral Program. Only Bane-Clene equipment and chemicals will be used by Bane-Clene certified personnel. The company has been certified at Bane-Clene Institute (employees are certified through the video certification program). Please place a check by the products you use.

- | | | |
|---|--|--|
| <input type="checkbox"/> AFC™ | <input type="checkbox"/> Olefin Preconditioner | <input type="checkbox"/> Pro-Zyme |
| <input type="checkbox"/> APS™ | <input type="checkbox"/> OSR | <input type="checkbox"/> Red Relief® |
| <input type="checkbox"/> Booster™ | <input type="checkbox"/> PCA™-4 | <input type="checkbox"/> Saf-T-Solv™ |
| <input type="checkbox"/> Brown Out® | <input type="checkbox"/> PCA™-5 | <input type="checkbox"/> Solv-A-Clene™ |
| <input type="checkbox"/> Citrus APS™ | <input type="checkbox"/> Perky® Spotter | <input type="checkbox"/> Stain Magic® |
| <input type="checkbox"/> DuPont Teflon® | <input type="checkbox"/> Per-Scent™ | <input type="checkbox"/> Sta-Clene® |
| <input type="checkbox"/> ElectraShield™ | <input type="checkbox"/> Phase I™ | <input type="checkbox"/> Steri-Fab® |
| <input type="checkbox"/> FDR® | <input type="checkbox"/> Phase II™ | <input type="checkbox"/> Super LCA® |
| <input type="checkbox"/> Gel-Solv® | <input type="checkbox"/> Phase V™ | <input type="checkbox"/> TLS® 2000 |
| <input type="checkbox"/> LCA® | <input type="checkbox"/> Power Gel | <input type="checkbox"/> Vac-U-Lube™ |
| <input type="checkbox"/> Microban® | <input type="checkbox"/> Preface® | <input type="checkbox"/> Wall-Clene™ |
| <input type="checkbox"/> Molecular Modifier | <input type="checkbox"/> Pro-Solve Gel | <input type="checkbox"/> Whink® Rust Remover |

List any other products you use:

My company uses Bane-Clene equipment and I certify that the information given here is true to the best of my knowledge and belief. We believe in consumer satisfaction and shall strive to maintain the highest quality standards. My company shall go that extra mile to take care of a problem to ensure customer satisfaction. I shall update certification at least once every two years by: (a) attending Bane-Clene Institute; (b) attending Bane-Clene convention or workshop.

SIGNATURE OF OWNER OR MANAGER _____

DATE _____