WATER TEST & DEMO REFERRAL FORM

COMPANY REP. NAME: _____

SYSTEM INSTALLATION DATE: ____ / ____ / _____

YOUR NAME(s): _____ **PHONE:** _____ - _____ - _____ **EMAIL:** _____

QUALIFIED DEMO= 1) Homeowner 2) Over 25 Years Old 3) Employed or Retired 4) No Decision Maker Can Be A Full-Time Student. 5) All MUST Participate Fully.

THEIR NAME(S)	CITY & STATE	PHONE#	HOW YOU KNOW THEM

Scan & Email: customercare@puresafeaws.com | Fax: 704.936.0150 | Mail To: PureSafe AWS 506 Pearl Street #1531 Charlotte, NC 28262