

HLA Sales Rep. _____



Sav Mor Sign-Up Request Form*

(please print)

HLA Customer Number _____

Owner's Name _____

Account Name _____

(Name checks are to be issued to.)

Address _____

Best Daytime Phone Number(s)

(_____) _____ or (_____) _____

Fax (_____) _____ e-mail _____

You Must Complete One Form For Each Location

For More Information Call:

Steve Miller
President, Sav Mor
914-771-9190

**Fax this form to the attention of Laura Orofino:
(631) 962-0589**

***SAV MOR WILL FORWARD THE APPLICATION DIRECTLY TO APPLICANT. THE APPLICATION MUST BE RETURNED TO SAV MOR COMPLETELY FILLED-OUT ALONG WITH A \$200.00 (MADE OUT TO SAV MOR) CHECK. PLEASE MAIL TO:**

**SAV MOR
140 CAROLYN BLVD. FARMINGDALE, NY 11735**