

**VILLAGE OF ORTONVILLE  
SOLICITOR'S FORM**

**Company Name:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Home Office Address:** \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

**Manager's Phone:** \_\_\_\_\_

**Are you registered with the Better Business Bureau?** \_\_\_\_\_

**Name of Product Selling:** \_\_\_\_\_

**Solicitor's Name:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Solicitors must be registered with the Better Business Bureau and/or Chamber of Commerce.**

**Cards only valid for daylight hours**

**Date:** \_\_\_\_\_