



INFORMATION.
DEVELOPMENT.
SUPPLY.

Make Your Icy Season Melt Away! TM

2018-2019 CUSTOMER PACKET

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DEAR CUSTOMER,

Welcome to Custom Salt Solutions! When I first started out, my passion was to provide a company that was based on loyalty to customers which drove me to creating a personal relationship with my clients. Over time, my team and our clientele grew. We now serve customers all over the Pacific Northwest with the desire to spread even further. We strive to provide an ongoing and lasting relationship with our customers by empowering them to make well educated decisions. We provide this with our extensive knowledge, excellent services, and quality products. We hope you are pleased with our services and products as much as we enjoy providing them to you.

Sincerely, John L. M^cIntyre, Founder



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GRANULAR DI-ICE

CRYSTAL BLUE

- Sodium Chloride coated with Calcium Chloride
- Fast acting ingredients
- Pretreat or Treat icy surfaces
 Works as low as -9°
- Purchase by the pallet (25lb:96/pallet, 50lb:48/pallet)

ROAD RAGE

- •Type C Road Salt enhanced with Magnesium Chloride
- •97% pure course granulars
- •3% moisture content
- •Sold by the ton
- Pick-up and delivery available with purchase agreement.





MANUFACUTED BY US!

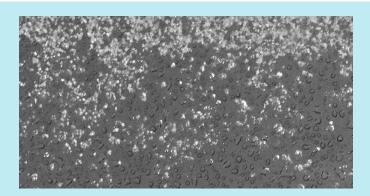
LIQUID DE-ICE

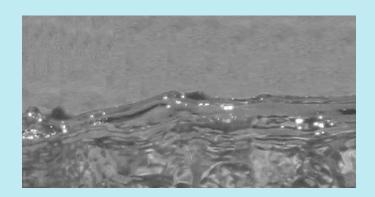
SO-CAL

- •A blend of sodium and calcium chloride
- Low cost
- PNS approved
- Corrosion inhibited
- Application rates similar to magnesium chloride

HEAT WAVE

- A calcium chloride
- Penetrates ice faster
- Releases heat to melt at lower temps
- Melts more ice per volume
- Low application rates





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24/7 CARDLOCK SYSTEM

- Open from October 15th through March 31st
- •SO-CAL is available at three stations while Heat Wave is currently available at the one.

BULK STORAGE TANKS

- Available for on site set up
- •1,000 to 10,000 gallon tanks available
- Delivery and set up available with product purchase agreement
- Limited to stock on hand and varies throughout season
- Removal fees apply

Get product when you need it!





COMPANY NAME		· · · · · · · · · · · · · · · · · · ·
NAME		
*TAX ID#	*Please include a Reseller Perr	nit for WA customers only.
PHYSICAL ADDRESS		
MAILING ADDRESS		
CITY	, STATE	ZIP
PHONE #	CELL#	
FAX#	E-MAIL	······································
ACCOUNT TERMS		
You must fill out a business credit a	pplication (located in the back) and credit card billing. After each day the	duct at net 30 terms, on approved credit. a personal guarantee to receive these at you load product we will total and charge
Initial that you have read ar	nd understand your responsibility an	d options for payment.
Select your payment method: Approved Credit Credit	Card	
How would you like to receive your FAX E-MAIL	receipt?	
In order to better serve you, how su	ccessful would you say your last thre	ee years of granular sales have been?
What matters to you when taking o	n a new product?	
Applicant Signature		Date
Please Print Name (if physically sub	omitting form)	SUBMIT

