



CUSTOMER REFERRAL SUBMISSION FORM

Complete this form by typing your information into the editable PDF and printing, OR print the form and complete by hand. Scan and email the completed form to your ATS rep or FAX to (814) 237-9006.

Date

Your name and organization

Referral organization

Referral contact name

Referral phone/email



Thank you for your referral!
Your rep will notify you in the event the referral becomes an ATS customer, and will offer you the choice of either:



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