



DISTRIBUTOR APPLICATION

(Please type or print clearly. Fill out completely in order to process your application in a timely manner.)

COMPANY INFORMATION

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____ Web Address: www. _____

YES! I would like to receive new product information by e-mail

Is the Business: Incorporated Sole Proprietorship Other _____

Owner: _____ Primary Officer: _____

List other authorized buyers for your company: _____

Person responsible for Accounts Payable: _____

Resale Tax #: _____ *(please attach copy of resale tax certificate)*

Does your business offer classes? Y N Years in Business: _____ Number of Employees: _____

Preferred Method of Payment: *(We accept Visa, Master Card and American Express. Open terms upon approval.)*

Credit Card Open Account - Limit \$ _____

TRADE REFERENCES *(Please list references that establish you as a distributor. Minimum three required.)*

1. Company Name: _____ Phone: _____ Fax #: _____

2. Company Name: _____ Phone: _____ Fax #: _____

3. Company Name: _____ Phone: _____ Fax #: _____

Describe your business and the method of distribution: _____

The undersigned certifies that the information provided in this application is true and correct.

SIGNATURE

Person Requesting: _____ Title: _____

(print name)

Signature: _____ Date: _____