

Distributor Application



Please complete one application for each person or Company.

Company

Business name: _____ Website address: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Ext: _____ Fax: _____

How many years has your company been in business? _____

If you plan on selling our products from multiple locations and/or multiple online stores please list them below:

Personal

First Name: _____ Last Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____ DOB: ____/____/____

Social Security Number: (optional): _____

Credit References (list bank, credit union, charge accounts, or other credit references.)
Do not list account numbers.

This is to advise that I the Undersigned Hereby authorize the person or firm to whom my application for credit has been submitted, to obtain a consumer credit report, and to make any other inquiries as deemed necessary in assessing credit worthiness. I understand that the information set out in the application form may be used for purposes of responding to emergencies if required.

Applicants Signature _____ Date: ____/____/____