

DEALERSHIP APPLICATION

Business Owner Information

Last:	First:	Middle Initial:
Name of Business:		Tax I.D. or SSN.
Business Address:		Business Phone:
City:	State:	ZIP:
Principal Owner E-mail:		Company Website:

Company Information

Type of Business:	Date Business Established:
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	State/Province:
If Division/Subsidiary, Name of Parent Company:	Doing Business As (DBA) if applicable:
Name of Company Contact for Sales/Purchase Orders:	Title:
E-mail:	Phone:
Name of Company Contact for Accounts Payable:	Title:
E-mail:	Phone:

Trade References

Additional Info

Company Name:	Company Name:	A2O & Think Alkaline products interested in purchasing: <input type="checkbox"/> Electrolytic water ionizers <input type="checkbox"/> Countertop/Travel filtration units <input type="checkbox"/> Replacement filters <input type="checkbox"/> Testers (pH/chlorine) <input type="checkbox"/> Parts & accessories Check if applicable: <input type="checkbox"/> Currently selling similar or related products [List] _____ _____ <input type="checkbox"/> Requesting exclusive distributorship <input type="checkbox"/> California reseller permit attached
Contact Name:	Contact Name:	
Address:	Address:	
Phone:	Phone:	
Account Opened Since:	Account Opened Since:	
Credit Limit:	Credit Limit:	
Current Balance:	Current Balance:	

I/We declare that the above information is true, correct and complete. I/We authorize the Company to make any necessary inquiry for the purpose of review and process of this application. I/We further agree that all dealer price list and business/trade information provided to me/us by the Company shall be kept strictly confidential, and if the application is accepted, I/we will abide by the pricing structure, minimum purchase, and terms/conditions set forth by the Company.

Authorized Signature: _____ Date: _____
 Printed Name: _____ Title: _____