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|  | AgileTek CorporationDistributor / Wholesaler Application |
| Applicant Business Information |
| Company Name: |
| Phone:  | Fax:  | Website: |
| Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code:\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ |
| Country (if not in United States):  |
| Number of years in business: |
| Will you be selling our products online?□NO □Yes, please provide your online web store links below:http://http://http:// |
| Will you be selling our products in any physical stores?□NO □Yes, please indicate the states or countries your stores are located in:1. 3. 2. 4.  |
| If you have other selling channels, please list them here: |
| How did you hear about our products?□Website □Trade Show(\_\_\_\_\_\_\_\_\_\_\_\_) □Referred by \_\_\_\_\_\_\_\_\_\_ □Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other information we should know about your business: |
| Contact Person Information |
| First and Last Name: |
| Title: |
| Phone: | Fax: | Email: |
| Note: |

Please feel free to contact us if you have any questions. You may mail, fax or email your completed application back to us, Thanks!