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|  | AgileTek Corporation Distributor / 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!