



— BEYOND EXPECTATIONS —

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## DEALER APPLICATION

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### Company Information

Trade/DBA Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Company Type: Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other ☐

Date Established: \_\_\_\_\_ Taxpayer ID#: \_\_\_\_\_

### Officer/CEO/Partner/Owner/Purchaser (please list three)

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Trade References (please provide three)

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Signature

Dealer: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I certify that I fully understand the terms within this agreement and have power to enter in NDA agreement on behalf of company.

Thank you for your interest in being one of our dealers. Please fill out this application and send it to [America@metabiomed-inc.com](mailto:America@metabiomed-inc.com) or fax it to 267-282-5899 along with a copy of your seller's permit. This application does not bind you to any terms. You will be asked to sign a separate dealer agreement after approval.