



Better Health Lab, Inc.

200 S. Newman St, Hackensack, NJ 07601

Tel: (201)880-7966 Fax: (201)880-7967

(800)810-1888 www.alkazone.com

Application for Dealership/Distributorship

Company Name: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Tax ID: _____ SS #: _____

How long at Current Address? _____ Any Other Locations: _____

Business Type:

Sole Proprietorship: __ Partnership: __ Corporation: __ Doctor: __ Individual: __ Other: _____

Business Items: _____

Date business commenced: _____ Annual Sales:\$ _____

Where did you hear about Better Health Lab, Inc?

Website: __ Magazine: __ Newspaper: __ Friend: __ Email: __ Other: _____

Where do you plan on marketing these products? _____

How do you plan on marketing these products? _____

Business References:

Company Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Company Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

All information from this application is confidential and will be used to determine your Dealership /Distributorship eligibility with Better Health Lab, Inc. By signing this application you grant permission for Better Health Lab, Inc. to contact your references to further review your application.

Name: _____ Title: _____

Signature: _____ Date: _____