

Alkazone Global Inc.

200 S. Newman St, Hackensack, NJ 07601Tel: (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: | | | |
| | | | Zip: |
| Tax ID: | SS | S #: | |
| How long at Current | Address? | | Any Other Locations: |
| Company web site :_ | | | |
| Business Type: | | | |
| ~ - | Partnership: Corporation | on: | Doctor:Individual:Other: |
| | _ 1 1 | | |
| Date business commenced:Annual Sales:\$ | | | |
| | | | |
| Where did you hear about Alkazone Global Inc.? Website:Magazine:Newspaper:Friend:Email:Other: | | | |
| | | | |
| | | | |
| How do you plan on i | marketing these products? | ? | |
| Business Referen | 005 | | |
| | | | Contact Person: |
| | | | |
| | | | Zip: |
| | | | Email: |
| | | | Contact Person: |
| | | | |
| | | | Zip: |
| Tel: | Fax: | | Zip: Email: |
| | | | |
| All information from | this application is confide | ntial a | and will be used to determine your Dealership |
| | | | e. By signing this application you grant permission |
| | | | further review your application. |
| | | | |
| N | | | T:41 |
| name: | | | Title: |
| | | | |

Date: