



New Distributor Application Form

Distributor Name: _____ Date: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone#: _____ Fax#: _____ Email: _____

Principal Contact: _____ Title: _____

Principal Contact's Email: _____

Number of Outside Salesreps: _____

Please list 3 trade references:

1: _____

2: _____

3: _____

Please list Bank Information:

Resale#: _____

Bank Name: _____ Bank Phone#: _____

Bank Contact Name: _____ Bank Account#: _____

For VERN Representative Use:

RKI Representative: _____

Target Markets: _____

Do they sell any other cosmetic products or equipment? Specify: _____

What Territory will they sell in? Specify: _____

Comments: _____
