



COMPANY INFORMATION

Company Name: _____ Principle/Owner: _____
 Address: _____ City: _____ State/Province: _____ Zip: _____
 Country: _____ Phone: _____ Phone (2): _____
 Fax: _____ E-mail: _____ Web Address: _____
 Year(s) in Business: _____ Year(s) at Current Location: _____ Own Rent Business License #: _____

ABOUT YOUR COMPANY

Estimated Annual Sales: _____ # of Sales Reps (Consultants) _____ # Locations: _____ Do you use sub-distributors? No Yes
 Do you have training facilities? No Yes Educators on staff? No Yes School(s)/Academy(s)? No Yes # Locations: _____
 Do You Advertise? No Yes If yes where? (please fax a sample) _____

Please list 3 brands you currently distribute and the annual purchase of each.

1 _____	Annual Purchase: _____
2 _____	Annual Purchase: _____
3 _____	Annual Purchase: _____

BILLING INFORMATION (where invoices and statements should be mailed or Faxed)

Bill to Address: _____ Contact: _____
 City: _____ State: _____ Zip: _____

SHIPPING INFORMATION (where products are typically shipped)

Ship to Address: _____ Contact: _____
 City: _____ State: _____ Zip: _____

TRADE REFERENCES

1 Vendor Name: _____ Fax #: _____
 City: _____ State: _____ Zip: _____
 Vendor #: _____ Contact Name: _____ Phone #: _____

2 Vendor Name: _____ Fax #: _____
 City: _____ State: _____ Zip: _____
 Vendor #: _____ Contact Name: _____ Phone #: _____

3 Vendor Name: _____ Fax #: _____
 City: _____ State: _____ Zip: _____
 Vendor #: _____ Contact Name: _____ Phone #: _____

HOW DID YOU LEARN ABOUT LECHAT

How did you learn about our products? _____

AGREEMENT

"I certify that all the facts contained in this distributor application are true and complete to the best of my knowledge and understand that, if approved I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify my company for distribution consideration and, if I am approved to distribute LeChat products, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, and history, if chosen to distribute LeChat products."

Signature of Corporate Officer/Owner/Partner _____ Date _____
 Printed Name _____ Title _____

PLEASE FAX BACK APPLICATION ALONG WITH A COPY OF YOUR BUSINESS AND RESALE LICENSE TO: 510-741-1628