

DISTRIBUTOR APPLICATION

Fax Distributor Application Form To 1-888-823-5418

Or Mail To: #41-6740 Johnstone Drive, Red Deer, AB T4P 3Y2
C/O The Violet Ray-Natural Health and Conscious Living Magazine

COMPANY INFORMATION:

Company: _____ Phone: _____
Contact Name: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Email: _____ Website: _____

BUSINESS INFORMATION (please complete this section)

STRUCTURE (please circle one) Sole Proprietor Partnership Corporation LLC Other _____

How Long In Business (yrs) _____ Type of Business _____

Key People (if applicable) _____ Position _____

Main Contacts (if applicable) _____ Position _____

Location (s) where you are interested in a distributorship _____

Why do you feel you these products are a suitable fit for your business? _____

How do you plan on marketing these products? _____

Do you have a retail location? (circle one) Yes No

Business References: _____

Comments: _____

*These Products Are Branded and Marketed in cooperation, agreement and accordance with Inner Soul Technologies;
the developer and manufacturer of this Quantum Nano Technology.*



DISTRIBUTOR REPRESENTATIVE:

CAROL: 403-358-1656
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