



## Under the Sun Distribution Dealer Application

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Re-Sellers Certificate #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Requested UserID: \_\_\_\_\_

Website Address: \_\_\_\_\_ Requested PW: \_\_\_\_\_

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Which items are you interested in selling?

How many units would you expect to sell per month?

Which other wholesalers and distributors do you currently work with?

Why would you like to be a dealer for Under the Sun Distribution?

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to fax us your Tax ID form along with this application to 863-467-5750 for business verification. Your account will not be acknowledged without these forms.**