

Distributor Application Form

CONTACT INFORMATION

Business name:

Business address:

City:

State/Province:

Zip code:

Phone :

Fax :

Email:

Company website:

Principal contact name:

Title:

Principal contact's email:

BUSINESS BACKGROUND

Type of Business:

Retailer

Wholesaler

Import/Export

Manufacturer

Other (specify)

Products/services you currently offer:

Number of years in business:

Number of locations:

Number of employees in sales:

Yearly revenue in USD:

LightEyez products you are interested in distributing

and numbers you wish to initially order:

Your target market for distributing LightEyez products (countries/cities):

Please tell us briefly how you plan to promote and sell LightEyez products. Attach separate sheet, if needed

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How many LightEyez units do you plan to sell in the next 3, 6 and 12 months?

Authorized Signature:

Date of Application: