



NANO O2 New Distributor Application Form

Distributor Name: _____ Date: _____

Address: _____

City: State: Zip: _____

Phone #: _____ Fax #: _____ E-mail _____

Company Web Address: _____

Principal Contact: _____ Title: _____

Principal Contact's E-mail: _____

Number of Outside Salesmen: _____ Number of Inside Salesmen: _____

Customer Service / Purchasing Contact: _____

Please list 3 trade references.

1. _____

2. _____

3. _____

Please List Bank Information

Resale #: _____

Bank Name: _____ Bank Phone #: _____

Bank Contact Name: _____ Bank Acct #: _____

For PharmaTropic Use:

PharmaTropic Representative: _____

Target Markets: _____

Type of Distributor: _____ General: _____ Specific Market _____

Do they sell other air purifiers? _____ Specify: _____

What Territory will they sell in? _____

What mediums will they use? _____ Internet? _____

Direct Sales: _____

Which NANO O2 Products: _____

Induct : _____ Free standing: _____ Other designs: _____

Is Unique Identifier Model needed? ___Y___N

Added Information: _____

Notes: _____
