

# Floyd Nutrition LLC

## Distributor Application

Full Name: \_\_\_\_\_ Website: \_\_\_\_\_

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

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Contact person(s): \_\_\_\_\_ Email: \_\_\_\_\_

How many years has your company been in business? \_\_\_\_\_

I am interested in: ( ) Independent Distributor ( ) Corporate Consultant ( ) Retailer Store Location

If you plan on selling our products from multiple locations: Please list them below:

\_\_\_\_\_

My company is interested in selling: ( ) Complete Product Line ( ) ZXT Product Line ( ) PBS

( ) Ayurveda Product Line ( ) NOW Foods Line ( )

Nature of business: ( ) Corporation ( ) Partnership ( ) Sole Proprietorship ( ) LLC

( ) Home-based Business ( ) Other \_\_\_\_\_

Do you have an existing customer base? \_\_\_\_\_ Do you have distributors? \_\_\_\_\_

If so, how many? \_\_\_\_\_ In what state? \_\_\_\_\_

Have you served as a distributor of other dietary supplements?

\_\_\_\_\_

If so, which product(s)? \$ \_\_\_\_\_ Estimated monthly purchases: \$ \_\_\_\_\_

Which state or region are you interested in serving? \_\_\_\_\_

Do you have the ability to make an initial financial investment of \$1,000? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_