

## APPLICATION FOR: NEW DISTRIBUTOR ACCOUNT

Proposed Country of Di	stribution:	
Company Name:		
Type of Business:		
Mailing Address:		
Contact Info: (include country code)	Tel:	Fax:
	E-Mail Address:	
Contact Person(s) and T	itles:	
FINANCIAL INFORMA	ATION -	
Annual Sales in 2011:		
(USD only) Annual Sales in 2012:		
(USD only) Annual Sales in 2013:		
(USD only)		
PRINCIPLE OWNER(S):		OWNERSHIP PERCENTAGE:

Upon completion of Information, please e-mail to: sales@bluefieldinc.com or fax to (909)-476-6084.



















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US Trade & Business Refere (Include names of US companies or Ban		phone, fax, e-mail and contact persons)
1		
2		
3		
Competitive Products Existi	ing in Your Propo	osed Distribution Territory:
1	3.	
2	4.	
Competitive Products You C		n Your Distribution Line:
1	3.	
2	4.	
Comments Section:		

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