

The Self Defense Company / BODYGUARD
DISTRIBUTOR-AFFILIATE APPLICATION

Email completed form to bodyguard@theselfdefenseco.com.

BUSINESS CONTACT INFORMATION

Full Name and Title:

Company name:

Phone:

Year founded:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Website:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS INFORMATION (FILL ALL APPLICABLE)

Type of Business (Affiliate or Distributor):

Locations

Annual Revenue:

Projected Unit Sales:

Bank name:

Phone:

Email:

City, State, Country:

What is the primary nature of the business:

Customer Base:

Email List Size:

Social Media Reach:

How do you plan to promote?

BUSINESS/TRADE REFERENCES – SUPPLIERS OR AFFILIATES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

DISTRIBUTOR / AFFILIATE - AGREEMENT

Affiliates: All payments will be made via PAYPAL the following month after the sale is made.

Distributor

1. All orders are to be paid cash in advance.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize The Self Defense Company / BODYGUARD to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: