

Distributor / Partner Application Form

DISTRIBUTOR INFORMATION

COMPANY NAME: _____
BUSINESS EIN TAX ID: _____
ADDRESS: _____
CITY: _____
STATE/PROVINCE: _____
POST CODE: _____
COUNTRY: _____
COMPANY WEB ADDRESS: _____

CONTACT AND TITLE: _____
PRINCIPAL CONTACT'S EMAIL: _____
PHONE NUMBER: _____ FAX: _____

REFERENCES AND BANKING INFORMATION

PLEASE PROVIDE THREE TRADE REFERENCES:

1. _____
2. _____
3. _____

PLEASE LIST BANK INFORMATION:

BANK NAME: _____
BANK PHONE NUMBER: _____
BANK CONTACT NAME: _____
BANK ACCOUNT NUMBER: _____

HITLIGHTS
8000 G S R I AVE, BLDG 3100, STE111
BATON ROUGE, LA 70820



DISTRIBUTION PLAN

NUMBER OF YEARS IN BUSINESS: _____

ANNUAL PURCHASE BUDGET:

☐ < \$10,000 ☐ < \$20,000 ☐ < \$30,000 ☐ < \$50,000 ☐ < \$100,000

ANNUAL REVENUE IN 2012 (IN USD\$) _____

HAVE ANY PHYSICAL STORE IN U.S? ____ YES / ____ NO

PLEASE STATE HOW YOU PLAN TO MARKET AND PROMOTE:



HIT International Consulting, LLC
8000 G S R I Ave, Bldg 3100, STE 111
Baton Rouge, LA 70820

CREDIT CARD AUTHORIZATION FORM

DATE _____

CUSTOMER NAME _____

CREDIT CARD TYPE _____

EXPIRATION DATE _____

CREDIT CARD ACCT # _____

BILLING ZIPCODE: _____ CSV CODE _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize HIT International Consulting, LLC to charge the above credit card for all purchases posted to my account.

Cardholder's Electronic Signature

ELECTRONIC SIGNATURE AGREEMENT

The undersigned (I) understands that this Agreement describes my obligations to protect my electronic signature, and to notify appropriate authorities if it is stolen, lost, compromised, unaccounted for, or destroyed. I agree to the following terms and conditions:

I agree that my electronic signature will be valid for three years from date of issuance or earlier if it is revoked or terminated per the terms of this agreement. I will be notified and given the opportunity to renew my electronic signature prior to its expiration. The terms of this Agreement shall apply to each such renewal.



HIT International Consulting, LLC
8000 G S R I Ave, Bldg 3100, STE 111
Baton Rouge, LA 70820

I will use my electronic signature to establish my identity and sign electronic documents and forms. I am solely responsible for protecting my electronic signature. If I suspect or discover that my electronic signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify HIT International Consulting, LLC or his/her designee and request that my electronic signature be revoked. I will then immediately cease all use of my electronic signature. I agree to keep my electronic signature secret and secure by taking reasonable security measures to prevent it from being lost, modified or otherwise compromised, and to prevent unauthorized disclosure of, access to, or use of it or of any media on which information about it is stored.

I will immediately request that my electronic signature be revoked if I discover or suspect that it has been or is in danger of being lost, disclosed, compromised or subjected to unauthorized use in any way. I understand that I may also request revocation at any time for any other reason.

If I have requested that my electronic signature be revoked, or I am notified that someone has requested that my electronic signature be suspended or revoked, and I suspect or discover that it has been or may be compromised or subjected to unauthorized use in any way, I will immediately cease using my electronic signature.

Signature	_____	Date	_____
Printed Name	_____		_____
Title	_____		