



Essations, Inc.
Professional Division
Distributorship Program Application

(Please type or print in ink.)

Personal Information

Name: _____

Address: _____
(Street Address) (City, State, Zip)

Phone Number: _____ Cell/Pager Number: _____

Driver's License Number: _____

Business Information

Company Name: _____

Address: _____
(Street Address) (City, State, Zip)

Business Phone Number: _____ Fax Number: _____

Bank Account? Checking: _____ Savings: _____

Bank Name: _____

Address: _____
(Street Address) (City, State, Zip)

Bank Phone Number: _____ How long with bank? _____

Federal Tax ID Number (EIN#): _____

Reseller's License Number: _____

List of Three Professional References:

Name: _____

Address: _____
(Street Address) (City, State, Zip)

Business phone Number: _____ Fax Number: _____

Name: _____

Address: _____
(Street Address) (City, State, Zip)

Business phone Number: _____ Fax Number: _____

Name: _____

Address: _____
(Street Address) (City, State, Zip)

Business phone Number: _____ Fax Number: _____

I certify that the information on this application is true, correct, and complete. I understand that any misstatement and/or omission of fact on this application may result in my dismissal and/or cancellation of any contracts/agreements between Essations, Inc. and myself and/or company.

(Applicant's Signature)

(Date)