



Sadhana Clothing™

5540 NW 84 Ave, Miami, FL 33166

Email: info@sadhanaclothing.com

: [Sadhanaclothing](#) : [Sadhanaclothing](#)
www.sadhanaclothing.com / www.activebodywear.com

NEW DISTRIBUTOR APPLICATION

DATE _____ BUSINESS NAME _____

DBA _____

E-Mail _____ Website _____

BILLING ADDRESS

SHIPPING ADDRESS:

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (Shop) # _____ Fax # _____ Office # _____

BUSINESS INFORMATION:

Owner(s) Name _____ Owner(s) Name _____

Home Phone # _____ Cell Phone # _____

Purchasing Manager _____ State TIN # (Opt) _____

Years in Business _____ Store Hours _____

Business Type: Sole Proprietorship _____ Partnership _____ Corporation _____

Business Description: Full Line _____ Retail Only _____ Wholesale _____ E-Commerce _____

Type of Business: Clothing _____ (%) Accessories _____ (%) Sports goods _____ (%) Gym / Training _____ (%)

What percentage of your business is Sportswear: _____ (%) If not 100% what does the balance of your business consists of? _____

Franchise, contracts, exclusivity or any agreements with other vendors? (Please explain relationship and or ownership)

I hereby confirm that all requested information is correct, complete and enclosed.

Signature _____ Print Name _____

Title _____ Date _____



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