



UNRIVALED NUTRITION, GETS YOU THE RESULTS THAT MATTER!

New Feedstore Application

THANK YOU FOR YOUR INTEREST IN BECOMING A NEW DEALERSHIP. WE VALUE OUR RELATIONSHIPS WITH OUR CUSTOMERS AS WELL AS OUR DEALERSHIPS. THIS APPLICATION PROCESS IS INTENDED TO MAKE SURE THAT OUR POTENTIAL BUSINESS PARTNERSHIP WOULD BE A SMART BUSINESS DECISION FOR ALL PARTIES. WE ASK THAT YOU PLEASE ALLOW UP TO 5-7 BUSINESS DAYS TO PROCESS YOUR APPLICATION. DURING THIS TIME, WE WILL DETERMINE IF YOUR STORE AND LOCATION WOULD BE A GOOD FIT FOR RULE SUPPLEMENTS AND RIVAL SHOW FEEDS. WE LOOK FORWARD TO LEARNING MORE ABOUT YOUR BUSINESS!

| | | |
|---------------|-------------------|------------------------------------------------------------------------------------------------|
| Business Name | Years in business | Do you have a brick and mortar store? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------------|-------------------|------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Do you currently sell Rule Supplements or Rival Show Feeds products? YES <input type="checkbox"/> NO <input type="checkbox"/> | If you answered yes to currently carrying Rule Supplements or Rival, who is your distributor? |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

| | | |
|--------------|---------------|-----------------|
| Contact Name | Contact Email | Contact Phone # |
|--------------|---------------|-----------------|

| | |
|---------|---------------|
| Website | Social Medias |
|---------|---------------|

Billing Street Address, City, State, Zip

**Please fill out your shipping address below if it is different from your billing.*

SHIPPING Street Address, City, State, Zip

Please circle your Type of Business

| | | |
|---------------------------------|-------------------------------------|-----------------|
| Partnership | Corporation | Sole Proprietor |
| LLC (Limited Liability Company) | LLP (Limited Liability Partnership) | |
| OTHER _____ | | |

Please give us a brief description of your business.

**Please note Rule Supplements does have an initial purchase requirement of two pallets or 80 total items. We do allow mixed pallets and would be happy to assist you customize pallets to fit your store's needs.*

WITH THE SIGNATURE BELOW I AGREE THAT I HAVE FILLED OUT THE ABOVE INFORMATION TO THE BEST OF MY ABILITY. I UNDERSTAND THAT THIS IS AN APPLICATION PROCESS AND NOT A COMMITMENT TO PARTNERSHIP. I UNDERSTAND THAT RULE SUPPLEMENTS WILL NOT SHARE OR RELEASE MY INFORMATION OBTAINED ON THIS APPLICATION WITH ANY OUTSIDE PARTIES.

| | | |
|-------|-------------------------|-----------------------|
| Date: | Print Applicant's Name: | Applicant's Signature |
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