

**KHN Solutions Inc.**  
300 Broadway Suite 26  
San Francisco, CA 94133  
Tel: 415.693-9756  
Fax: 415-358-8030

Dealer Application

**COMPANY & CONTACT INFORMATION**

Company Name: \_\_\_\_\_ Check One Please:  
Owner Name(s): \_\_\_\_\_ Corporation  Sole Proprietor   
Street Address: \_\_\_\_\_ LLC  Other   
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Tax ID# \_\_\_\_\_ D&B# \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

Describe your customers, type of business, and market(s) served:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Where do you sell your products? Retail Store  Website  EBay   
Catalog  Other

Do you manufacture or private label any products? Yes  No

What is your Return Policy?

\_\_\_\_\_

Annual company revenues from prior year?

Do you carry liability insurance? If so, how much? Yes  No  \$ \_\_\_\_\_

**MAP PRICING AGREEMENT**

*The minimum advertised pricing (MAP) for our products and the manufacturer suggested retail prices (MSRP) are shown on the price sheet. Dealers who advertise our products for prices lower than the MAPs may be terminated.*

**By signing below, applicant requests consideration to represent and market certain KHN Solutions products and applicant agrees that all conversation and proprietary information exchanged between parties will be held in confidence by both parties. Applicant agrees not to sell any KHN Solutions products anywhere not selected above.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE