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## New Distributor Application Form

*Thank you for your interesting in becoming a distributor for New Dimensions Solutions LLC.*

Full Registered Name of Business: \_\_\_\_\_

Trading As (if different to the above): \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Company Registration #: \_\_\_\_\_

Registered Owner/Signing Authority and Title: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

Mailing Address (If different to the above): \_\_\_\_\_

Web site address: \_\_\_\_\_

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

If manufacturing, what products do you currently produce? \_\_\_\_\_

\_\_\_\_\_

If currently distributing products for other companies, list companies and products

\_\_\_\_\_

\_\_\_\_\_

Estimated initial order: \_\_\_\_\_

Does your company offer on-site/after-sales support? \_\_\_\_\_

I CONFIRM THAT ALL GOODS PURCHASED BY THE APPLICANT ARE FOR RESALE PURPOSES

Print First and Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ (Authorized signature)

Date: \_\_\_\_\_

Please complete and email back to [sales@ndclean.com](mailto:sales@ndclean.com)