

# Become a Distributor Form

Please fill out the following information and press the SUBMIT button. Be sure to complete all required fields\* If you prefer, you may print this page and mail, phone or fax the information to:

## H<sub>2</sub>O International Inc.

3001 S.W. 15th Street, Suite C

Deerfield Beach, FL 33442

Phone: (954) 570-3464 Fax: (954) 480-9962



### Contact information

\*First Name:  \*Last Name:  \*Title:

\*Phone:  Cell:  Fax:  \*E-Mail:

\*Company Name:  US Tax ID

\*Address:  \*City:  \*State/Province:

\*County:  \*Zip/Postal Code:

### Channel of Trade

Check all that apply

Retailer  Importer  Exporter  Distributor  Wholesaler  Manufacturer  Other

**Other** If you select **Other** (please be specific):

Year Company Established:  Total Employees:  Total Sales Staff:

\*What products are you currently representing/distributing?

\*What other U.S. companies are you currently representing?

May we contact these companies for references?  YES  NO

What geographic territory within your country do you currently cover?

What H<sub>2</sub>O International products are you interested in?

\* Required field entry

***Experience the Difference®***

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