

This is a fillable PDF form. You may type your information directly on this form to print and fax to 863-824-7638.



### Distributor Application

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal I.D.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact  
Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Re-Sellers Certificate #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Requested User ID: \_\_\_\_\_

Website Address: \_\_\_\_\_ Requested PW: \_\_\_\_\_

Which saunas are you interested in distributing?

Indoor     Outdoor     Portable     ALL

How many saunas would you expect to sell per month?

1-10     11-20     21-30     31-49     50+

Which other wholesalers and distributors do you currently work with?

\_\_\_\_\_

Why would you like to be a distributor of Precision Therapy Saunas?

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be sure to fax us your Tax ID form along with this application to 863-824-7638 for business verification. Your application will not be processed without these forms.