



INSTRUCTIONS

Please answer all applicable fields. Return completed application to using one of the following methods:

MAIL: Water Safety Corporation
Attn: ECLIPSE Customer Service
3760 Barron Way
Reno, NV 89511

FAX: 775.359.9191

If you prefer, an electronic version of this application is available online at: www.eclipsewatermachine.com

QUESTIONS? Call us toll-free at **1.888.386.0880** (*Español: marca 8*) (M-F, 8 am - 5 pm PST)

CONTACT INFORMATION

CONTACT NAME: _____ TITLE: _____

LEGAL BUSINESS NAME: _____ FEDERAL EIN or SSN: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS (if different than billing address): _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS INFORMATION

BUSINESS TYPE: Corporation Partnership Sole Proprietor

DATE ESTABLISHED: _____ BUSINESS LICENSE: _____

NUMBER OF EMPLOYEES: _____ NUMBER OF LOCATIONS: _____

LIST PRODUCTS CURRENTLY DISTRIBUTED: _____

PRIMARY MEANS OF DISTRIBUTION OR SALES: Direct Sales Retail Store Wholesale Internet Other

[continued on page 2]



[continued from page 1]

BUSINESS CREDIT REFERENCES (for existing businesses)

Please list three business credit references (suppliers):

CREDIT REFERENCE #1

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CREDIT REFERENCE #2

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CREDIT REFERENCE #3

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

THANK YOU FOR YOUR INTEREST IN BECOMING AN ECLIPSE™ DISTRIBUTOR!

Please see the instructions on page 1 for returning your completed application.

