

# SIONYX

## Authorized Indirect Dealer Application

Thank you for your interest in becoming a SIONYX Dealer. Please fill in all fields in the sections below and the additional Store Locations if applicable on Page 2. Fields marked with an \* are required. **Please note that NO Amazon, eBay or other third party sales are allowed.**

Please complete this application and email a signed PDF (or digitally signed) copy to: [sales@sionyx.com](mailto:sales@sionyx.com)

*Company Name:			
*Physical Address:			
*City:	*State:	*Zip Code:	
*Business Tax ID #:	Federal or State Tax ID accepted.		
Mark "Same" if the billing address is the same as physical address; if not, please include billing address			
*Billing Address:			
City:	State:	Zip Code:	
*Contact Name:	Title:		
*E-mail Address:			
*Phone:	Fax:		

1. Please list any other company names under which you sell or operate:

Name(s):

Name(s):

2. Please list any other store locations on the second tab of this spreadsheet below (Additional Store Locations)

\*3. Please mark with an "X" next to all categories that describe how you intend to resell SIONYX products:

Physical Retail Store

Internet

^Other

^ Please explain below

If you plan on selling via the Internet, please list all e-commerce websites for which you are asking for approval (**NO eBay, Amazon, or third party is allowed**):

URL(s):

URL(s):

^Other:

\*4. Please list any Distributor(s) that you purchase or intend to purchase SIONYX products from:

Name(s):

Name(s):

6. Please list any Third Party Platforms that you currently sell products on:

Name(s):

Name(s):

Signature of Applicant

Date

**SIONYX****Authorized Indirect Dealer Application****Additional Store Locations**

Store Name / Number:			
Physical Address:			
City:	State:	Zip Code:	
Phone:	Fax:		

Store Name / Number:			
Physical Address:			
City:	State:	Zip Code:	
Phone:	Fax:		

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