

distributor application (Businesses should fill out the Business Entity Registration form)

OFFICE USE ONLY _____ DISTRIBUTOR ID# _ DATE RECEIVED_ ☐ NEW DISTRIBUTOR FEE: \$100

This agreement, made on this day of of Meridian, Idaho (hereinafter called the COMPANY) and:	, 20	, by and between Dynamite Specialty Products, Inc.
LAST NAME I	FIRST NAME	INITIAL
SPOUSE'S LAST NAME	 SPOUSE'S FIRST NA	
BILLING ADDRESS		
CITY	STATE	ZIP
SHIPPING ADDRESS (IF DIFFERENT THAN BILLING ADDRESS)		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	
	WORKTHONE	
CELL PHONE	FAX NUMBER	
TAX REPORTING (Businesses should fill out the Business Entity Registration form) -		
EMAIL ADDRESS		
We will never share your e-mail address. For a copy of our privacy policies please go to $\frac{1}{2}$	amitespecialty.com,	/privacy-policy/.
Would you like us to communicate specials and company news via email? $\hfill \Box$ YES	□ NO	
COMPLETE THE FOLLOWING SECTION IF YOU WISH TO HAVE A CREDIT CARD ON FILE. CREDIT CARD #1 (Multiple credit cards can be stored on file.)		
□ VISA □ MASTERCARD		
NAME AS IT APPEARS ON CARD		
		M M Y Y
CREDIT CARD NUMBER	CVV CODE*	EXPIRATION DATE
CREDIT CARD #2 (Multiple credit cards can be stored on file.)		
□ VISA □ MASTERCARD		
NAME AS IT APPEARS ON CARD		
		M M Y Y
CREDIT CARD NUMBER	CVV CODE*	EXPIRATION DATE

PLEASE COMPLETE PAGE 2

COMMISSIONS ARE PAID VIA DIRECT DEPOSIT INTO THE ACCOUNT OF YOUR CHOICE. (Canadian Distributors will receive their commissions by printed check.)

DIRECT DEPOSIT INFORMATION

APPLICANT SIGNATURE

(By signing, you understand and agree to the statement in the Distributor Agreement)

I hereby authorize Dynamite Marketing, Inc. (hereinafter COMPANY), to deposit automatically any amounts, over \$25°°, owed to me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for any amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its terminaton in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NOTE: Distributors outside the United States or Canada who earn commissions or rebates will be issued a credit on their account towards product orders. Dynamite is unable to wire or mail checks outside of the United States or Canada. Distributors in Canada will receive a paper check. Any amount less than \$25°° will be issued a credit on their account.

SIGNATURE OF AUTHORIZED PARTY	DATE
FINANCIAL INSTITUTION INFORMATION (As an option you may attach a voided check.)	DATE1355
	PAY TO THE ORIGIN OF
ROUTING NUMBER ACCOUNT NUMBER	
	*: 000000000: 00000000000 * 1355
BANKING INSTITUTION BANK STATE	Routing Number Account Number Check
NAME ON ACCOUNT	
I UNDERSTAND THAT MY DYNAMITE MEMBERSHIP WILL ANNUALLY AUTO-RENEW DURING MY ANNIVERSARY MON MY PRIMARY CREDIT CARD ON FILE. MY NEWSLETTER WILL CONTINUE TO BE SENT VIA EMAIL. I UNDERSTAND THI INITIAL A REPLICATED WEBSITE IS INCLUDED WITH YOUR DISTRIBUTORSHIP. PLEASE INDICATE WHAT YOU WOULD LIKE Y WWW.DYNAMITESPECIALTY.MYVOFFICE.COM/	IS CAN BE CANCELLED AT ANYTIME. YOUR SITE NAME TO BE. E/SHE: Y, and Compensation Plan. and are not an employee of the butor and no other oral or other
Agreement including applicable Federal, State or Local rules. 5. Upon acceptance by the Company, will be qualified to purchase products, build his/her own sales group and particip qualified Distributors.	pate in all benefits available to
Sponsor: The Sponsor herein acknowledges that he/she has presented and reviewed the Distributor Agreement with the responsibilities and benefits of becoming a DYNAMITE® SPECIALTY PRODUCTS, INC. Distributor. The Sponsor also here responsibilities of sponsorship with the applicant. By signing below, the Applicant confirms he/she has read and under the sponsorship with the applicant. By signing below, the Applicant confirms he/she has read and under the sponsorship with the applicant.	eby acknowledges the rights and
SPONSOR NAME (PLEASE PRINT)	
SPONSOR DISTRIBUTOR ID#	
SPONSOR SIGNATURE	DATE

DATE