



distributor application

(Businesses should fill out the Business Entity Registration form)

OFFICE USE ONLY

DATE RECEIVED _____ DISTRIBUTOR ID# _____

NEW DISTRIBUTOR FEE: \$100

This agreement, made on this _____ day of _____, 20_____, by and between Dynamite Specialty Products, Inc. of Meridian, Idaho (hereinafter called the COMPANY) and:

LAST NAME	FIRST NAME	INITIAL
SPOUSE'S LAST NAME	SPOUSE'S FIRST NAME	INITIAL
BILLING ADDRESS		
CITY	STATE	ZIP
SHIPPING ADDRESS (IF DIFFERENT THAN BILLING ADDRESS)		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	
CELL PHONE	FAX NUMBER	

TAX REPORTING (Businesses should fill out the Business Entity Registration form)

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SOCIAL SECURITY NUMBER*
*Optional for Canadian Distributors

EMAIL ADDRESS

We will never share your e-mail address. For a copy of our privacy policies please go to <https://dynamitespecialty.com/privacy-policy/>.

Would you like us to communicate specials and company news via email? 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

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

CREDIT CARD NUMBER

CVV CODE*

EXPIRATION DATE

PLEASE COMPLETE PAGE 2

*For your security, we do not store your CVV number after it is used to complete your enrollment.

