

KHN Solutions LLC
300 Broadway Suite 26
San Francisco, CA 94133
Tel: 415.693-9756
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Dealer Application

COMPANY & CONTACT INFORMATION

Company Name: _____ Check One Please:
Owner Name(s): _____ Corporation Sole Proprietor
Street Address: _____ LLC Other
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Years in Business: _____
Email: _____ Website: _____ Contact Name: _____
Tax ID# _____ D&B# _____

SUPPLEMENTAL INFORMATION

Describe your customers, type of business, and market(s) served:

How did you hear of us? _____

Where do you sell your products? Retail Store Website EBay
Catalog Other

Do you manufacture or private label any products? Yes No

What is your Return Policy?

Annual company revenues from prior year?

Do you carry liability insurance? If so, how much? Yes No \$ _____

MAP PRICING AGREEMENT

The minimum advertised pricing (MAP) for our products and the manufacturer suggested retail prices (MSRP) are shown on the price sheet. Dealers who advertise our products for prices lower than the MAPs may be terminated.

By signing below, applicant requests consideration to represent and market certain KHN Solutions products and applicant agrees that all conversation and proprietary information exchanged between parties will be held in confidence by both parties. Applicant agrees not to sell any KHN Solutions products anywhere not selected above.

SIGNATURE OF APPLICANT

PRINT NAME

DATE