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|  |  | **DISTRIBUTOR INFORMATION ONLY** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **DISTRIBUTOR NAME** | | |  | | | | | | | | | | | **DATE** | |  | | |  |  |
|  |  |  |  | **ACCOUNT** |  | | |  |  |  |  | **DISTRIBUTOR P.O. #** | | | |  | | | | |  |  |
|  |  |  |  |  |  |  | **Details** | | | | | | | |  |  |  |  |  |  |  |  |
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|  |  |  |  | 3U (no exclusivity) | | 4Z (time exclusivity) | | | |  |  | 9U (no exclusivity) | | |  | 9Z (time exclusivity) | | | |  |  |  |
|  |  |  |  | 3G (2-digit zip exclusivity) | | 4N (nationwide exclusivity) | | | |  |  | 9G (2-digit zip exclusivity) | | |  | 9G (nationwide exclusivity) | | | |  |  |  |
|  |  |  | **P r o d u c t A** | | | | | | |  | **P r o d u c t B** | | | | | | | | |  |  |  |
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|  |  |  | **NEW** If new, complete project information and attach a company form. | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  | Project Name (please print or type) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Street Address (no P.O. Box) | | |  |  |  |  | City | |  |  |  |  |  | State | Zip Code | |  |  |  |
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|  |  | |  | | --- | |  | | **Existing** If existing please indicate the product | | | | | |  | | | |  | | | | |  |  |  |  |  |
|  |  |  | Name and phone number of individual who is knowledgeable about this project should clarification be necessary | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  | Name |  |  |  |  |  |  | Phone Number | | |  |  |  |  |  |  |  |  |  |  |
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|  |  | **SHIPPING INSTRUCTIONS:** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | It is the policy of ------------ to ship Level 3, 4 and 9 products directly to the end user/ owner to maximize security of ---------------------------. Be sure that the shipping address provided below includes the name of the specific individual in your organization to whom the --------------------------------- should be shipped. ---------------- will ship to alternate locations, if so instructed, with the understanding that the undersigned assumes full responsibility for the security and care of the material to be so shipped. **Unless otherwise specified below, Level 3, 4 and 9 products will be shipped to the original end user / owner address on file.** | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | **ORDER SHIPPING ADDRESS:** | | | |  |  |  |  |  | **CHANGE KEY SHIPPING ADDRESS:** | | | | | |  |  |  |  |  |  |
|  |  |  | | | | | | |  |  |  | | | | | | | | | |  |  |
|  |  | Shipping Location Name | | |  |  |  |  |  |  | Shipping Location Name | | | |  |  |  |  |  |  |  |  |
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|  |  | Street (no P.O. Box) | | |  |  |  |  |  |  | P.O.Box No. | | |  |  |  |  |  |  |  |  |  |
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|  |  | **SHIPPING ADDRESS:** | | | | | |  |  |  | **ALL KEYS SHIPPING ADDRESS:** | | | | | |  |  |  |  |  |  |
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|  |  |  | **SIGNATURE**  **I herby authorize the above ----------------- distributor to order ------------ for the ----------------------------- above and I certify that I am the owner, or authorized agent of the owner of the -------------------------------------------- specified above and I am authorized to place the order.** | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  | **Authorized Signature** | | | | |  |  |  |  |  |  | **Date** | | |  |  |  |  |  |  |
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