



Distributor Application

Distributor Information:

TYPE or PRINT

Company/Member:			
Contact Name:			
Address:			Suite Number:
City:	State/Province:	Postal Code:	Country:
Telephone:		Fax:	
Business Address If Different:			
E-mail Address:			

Referral Information:

TYPE or PRINT

Company/Member:			
Contact Name:			
Address:			Suite Number:
City:	State/Province:	Postal Code:	Country:
Telephone:		Fax:	
Business Address If Different:			
E-mail Address:			

TERMS OF APPLICATION & AGREEMENT - A participant in this direct sales program has the right to cancel at any time, regardless of reason. Cancellation must be submitted in writing to Electro Medical Technologies, LLC.

I acknowledge that I have read and understand the Electromedical Technologies Independent Distributor Agreement Policies and Procedures and Financial Plan.

Please choose your own Global ID#! Your Global number is ANY 3 Letters and ANY 4 numbers Remember this Global ID and use it on your order forms.

Preferred way of communication:

<input type="checkbox"/> Telephone me:	Distributor information :
<input type="checkbox"/> Fax me:	Global ID#:
<input type="checkbox"/> E-mail me:	Phone:
<input type="checkbox"/> Mail to the address above:	Fax:

Customer Service: 928 204 2921 | Fax: 928 204 2957

For more information on products and services available through EMT, or to become a distributor, please see your representative, or contact the Corporate Office.

Revised:
September, 2007

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