



BUSINESS ENTITY FORM

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• Please print clearly. Forms that are unclear or incomplete will delay processing.

Owner Information:

Distributor ID No. _____ Owner Name (Last, First) _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ Email _____

Type of Business Corporation Partnership DBA (Doing Business As)

I. Corporation *(complete if applying for a distributorship as a corporation)*

Date of Incorporation _____ State of Incorporation _____

Name of Corporation _____

Names of Principle Officers:

President _____ Vice President _____

Secretary _____ Treasurer _____

Date _____ President's Signature _____

Date _____ Secretary's Signature _____

We have resolved that the above-signed persons are authorized to enter into a Distributor Agreement with E. Excel International. We certify that this resolution has been accepted by the Board of Directors of our corporation and shall continue in effect until rescinded by resolution duly adopted by the Board of Directors of this corporation and notice of which in writing, signed by the President of this corporation, shall be given to and received by E. Excel International.

II. Partnership *(complete if applying for a distributorship as a partnership)*

Name of Partnership _____

Partner Name _____ Signature _____ Date _____

Partner Name _____ Signature _____ Date _____

Partner Name _____ Signature _____ Date _____

III. DBA *(complete if applying for a distributorship under an assumed name)*

Name Distributorship will be under _____

Distributor Name _____ Signature _____ Date _____

Distributor Name _____ Signature _____ Date _____

Distributor Name _____ Signature _____ Date _____