



ACROSS INTERNATIONAL

Distributor Application

Please print clearly. Submit photo of completed form by e-Mail to info@acrossinternational.com, or fax to 888-988-1899.

APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Job Title	e-Mail Address	Phone Number
Authorized Person to Place Orders in Case of Absence	Job Title	Phone Number
How did you hear about us? Check all that apply:		
<input type="checkbox"/> Customer Request	<input type="checkbox"/> Google	<input type="checkbox"/> Trade Show
<input type="checkbox"/> Post Mail	<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Phone Call
<input type="checkbox"/> Social Media	<input type="checkbox"/> Referral	<input type="checkbox"/> e-Mail
<input type="checkbox"/> Other		

BUSINESS INFORMATION

Company Name	Phone Number	Fax Number
Street Address	City, State, Country	Postal (ZIP) Code
e-Mail Address	Year Established	Number of Employees
Federal Tax ID or Social Security Number	State Tax ID	Website URL
Instagram ID	Facebook ID	Twitter ID
Business Structure:		
<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Desired products? Check all that apply:		
<input type="checkbox"/> Vacuum Ovens	<input type="checkbox"/> Forced Air Ovens	<input type="checkbox"/> Vacuum Pumps
<input type="checkbox"/> Heated Presses	<input type="checkbox"/> Pellet Presses	<input type="checkbox"/> Furnaces
<input type="checkbox"/> Induction Heaters	<input type="checkbox"/> Short Path Distillers	<input type="checkbox"/> Rotary Evaporators
<input type="checkbox"/> Chillers	<input type="checkbox"/> Glass Reactors	<input type="checkbox"/> Ball Mills
Do you have a physical storefront?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> I have multiple stores (see back)	
If yes, will the store keep inventory stocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not Sure	

CERTIFICATION

Under penalty of perjury, I hereby certify that the taxpayer identification numbers, and all other information provided herein is correct.

Name (please print clearly)

Signature

Job Title

Date

Ai New Jersey
111 Dorsa Avenue
Livingston, NJ 07039



Ai Nevada
1197 Greg Street
Sparks, NV 89431



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STOREFRONT # 1

Store Name	Employee to Contact	Job Title
Street Address	City, State, Country	Postal (ZIP) Code

STOREFRONT # 2

Store Name	Employee to Contact	Job Title
Street Address	City, State, Country	Postal (ZIP) Code

STOREFRONT # 3

Store Name	Employee to Contact	Job Title
Street Address	City, State, Country	Postal (ZIP) Code

STOREFRONT # 4

Store Name	Employee to Contact	Job Title
Street Address	City, State, Country	Postal (ZIP) Code

STOREFRONT # 5

Store Name	Employee to Contact	Job Title
Street Address	City, State, Country	Postal (ZIP) Code

STOREFRONT # 6

Store Name	Employee to Contact	Job Title
Street Address	City, State, Country	Postal (ZIP) Code

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