



DISTRIBUTOR REQUEST APPLICATION

DATE _____

NAME	
CONTACT	
ADDRESS	

SPECIALTY	CHECK ONE	NUMBER OF REPS	APPROX SIZE (\$)	GEOGRAPHICAL AREA
Medical				
Dental				
Veterinary				
Tattoo				
Beauty				
Other				
Details:				

REASON TO BECOME A DISTRIBUTOR

CRITERIA TO BECOME A DISTRIBUTOR

- Must meet annual purchase commitment of \$50,000
- Must place an opening order of \$10,000
- Must carry all products
- Must provide a comprehensive advertising and promotional plan
- Must hold a valid business license

Once completed, please save your information and email this form to info@micrylium.com