



PLEASE FAX COMPLETED APPLICATION TO:
(281) 492-7907

PROSPECTIVE UBERWURX RESELLER/APPLICATOR APPLICATION
PLEASE FILL FORM OUT ENTIRELY BEFORE SUBMITTING
THE SUBMISSION OF THIS PROFILE DOES NOT CREATE
ANY OBLIGATION BY YOU OR UBERWURX, LLC.

INFORMATION SUBMITTED IN THIS PROFILE WILL REMAIN CONFIDENTIAL.

LEGAL COMPANY NAME:

COMPANY TRADE NAME IF DIFFERENT:

COMPANY ADDRESS:

CITY: STATE: ZIP:

SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE):

CITY: STATE: ZIP:

COMPANY TELEPHONE NUMBER: FAX:

WEBSITE: E-MAIL:

ENTITY TYPE: SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

FEIN: DUNS: RESALE#:

NUMBER OF YEARS IN OPERATION UNDER CURRENT OWNERSHIP:

NATURE OF EXISTING BUSINESS:

ANTICIPATED ANNUAL SALES:

PROPOSED USE OF THE RHINO MARKS:

THE ADDRESS(ES) IN WHICH RESELLER/APPLICATOR DESIRES TO USE THE RHINO MARKS AND SELL THE RHINOPRO PRODUCTS. Select one of the following and fill in where necessary:

[] SAME AS THE COMPANY ADDRESS [] SAME AS THE SHIPPING ADDRESS
OTHER, please specify address(es):

DESCRIBE THE BEDLINER PRODUCT CURRENTLY SOLD:

PROSPECTIVE APPLICATOR ACKNOWLEDGES AND AGREES THAT IF APPROVAL IS GIVEN, PROSPECT CANNOT OFFER COMPETITIVE BEDLINER PRODUCT: AGREE DISAGREE

ADDITIONAL COMMENTS:

The undersigned certifies under penalty of perjury on this ___ day of _____ 201__, that the foregoing is true and correct.

Company Name of Applicant:

Signature:

Name and Title of Person Signing: