



Aesthetic11 LLC.
P.O. Box 835
Greensburg, PA 15601

info@aesthetic11.com
www.aesthetic11.com

Authorized Distributor Application

I. Section A

1. **Name:** _____ 2. **Company Name:** _____

3. **Company Address:** _____

4. **Postal Code:** _____ 5. **Country:** _____

6. **Phone Number:** _____ 7. **Email:** _____

8. **Company Web Address:** _____

9. **Number of Years in Business under current Company Name:** _____

10. **If you plan on selling our products from multiple locations and/or multiple online locations please list them below:**

11. **Terms requested:** COD Cashiers Check COD Company Check Company Check

NOTE: All Sections A, B, and C as well as Authorization to Release Information section are required to be completely filled out for all companies seeking approval for terms and authorization as a distributor of Aesthetic11 LLC. products.

Unfortunately we do not conduct distribution with non USA companies at this moment in time.

12. **Nature of Business:** Corporation Partnership Sole Proprietorship Other _____

13. **President:** _____ 14. **Phone #:** _____

15. **Annual Sales Volume: \$** _____

16. **Estimated Monthly Purchases: \$** _____

17. **Are you willing to place a small official distributor banner on your website?** Yes No

18. **Are you willing to place an official distributor banner at your store?** Yes No

NOTE: To complete Section A, please enclose copies of the documents listed at bottom of the next page.

II. Section B

Customer agrees to pay Aesthetic11 LLC. in full amounts due according to Aesthetic11 LLC.'s invoice(s). Customer also agrees to pay interest at 1.5% per month or to the maximum rate provided by law (whichever is less) for invoice amounts that are past due. Should customer default in any such payments, Aesthetic11 LLC. shall have the right, without notice of Customer, to declare all invoice amounts due and payable. In the event Aesthetic11 LLC. should commence any action or actions, or otherwise seek to enforce this agreement against customer or any guarantor, customer agrees to pay reasonable attorney fees, court costs, and any other expenses incurred by Aesthetic11 LLC., whether or not suit is filed. This agreement is not transferable or assignable without the prior consent of Aesthetic11 LLC. This agreement shall become effective upon acceptance by Aesthetic11 LLC.

X _____ Date: ____ / ____ / ____
SIGNATURE TITLE

III. Section C

I, _____ residing at _____
FULL NAME HOME ADDRESS

for and in consideration of your extending credit at my request to _____ (referred to as "Company") hereby personally guarantee the payment of Aesthetic11 LLC. of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment, and notice hereof and consent to any modification of renewal of the credit agreement hereby

X _____ Date: ____ / ____ / ____
GUARANTOR SIGNATURE GUARANTOR NAME (PLEASE PRINT)

X _____ Date: ____ / ____ / ____
WITNESS SIGNATURE WITNESS NAME (PLEASE PRINT)

| | |
|---|---|
| <p>Please enclose a copy of:</p> <ol style="list-style-type: none"> Original tax exemption certificate A voided company check Authorization to Release Information App. | <p>Send completed application and enclosed documents to:</p> <p style="text-align: center;">Aesthetic11 LLC. Attn: Distribution P.O. Box 835 Greensburg, PA 15601</p> |
|---|---|

IN TESTIMONY WHEREOF, the undersigned person has caused this Authorized Distributor Application to be executed this _____ day of _____ , _____

Applicant Name _____ Signature of Applicant _____



Aesthetic11 LLC.
 P.O. Box 835
 Greensburg, PA 15601

info@aesthetic11.com
 www.aesthetic11.com

Authorization to Release Information Application

We are in the process of establishing trade credit with Aesthetic11 LLC. Therefore we are authorizing you to release all information as requested below in regards to all accounts and/or credit information requested. This release will remain valid for the life of my business relationship with Aesthetic11 LLC.

I. Customer to fill out this section only

1. **Business Name:** _____
2. **Bank Name:** _____
3. **Bank Contact:** _____ 4. **Bank Phone #:** _____
5. **Bank Fax #:** _____ 6. **Checking Acc. #:** _____
7. **Loan Acc. #:** _____ 8. **Other Acc. #:** _____

X _____ Date: ____ / ____ / ____
ACCOUNT AUTHORIZED SIGNATURE PRINTED NAME, TITLE

II. Bank to fill out this section only

A) CHECKING ACCOUNT

1. **Checking Account #:** _____ **Date Account Opened:** ____ / ____ / ____
2. **Avg. Balance (Past 6 Months):** \$ _____
3. **Any Bounced Checks?** Yes No If yes, how many? _____

B) LOAN ACCOUNT

1. **Loan Account #:** _____ **Date Account Opened:** ____ / ____ / ____
2. **Original Loan Amount:** \$ _____
3. **Maximum Credit Limit:** \$ _____
4. **Any late loan payments?** Yes No If yes, how many? _____

C) OTHER ACCOUNT: CHECKING SAVINGS OTHER (EXPLAIN) _____

1. **Account #:** _____ **Date Account Opened:** ____ / ____ / ____
2. **Avg. Balance (Past 6 Mo.):** \$ _____ 3. **Any Bounced Checks?** Yes # _____ No

X _____ Date: ____ / ____ / ____
AUTHORIZED BANK PERSONELL SIGNATURE PRINTED NAME, TITLE