

Distributorship Application Form



2930 Corvin Drive, Santa Clara, CA 95051
www.hdi-s.com

FAX to: 1(408) 733-6600
 Tel : (408) 733-6700

If you would like to register your distributorship under your place of business, the name of your business must go in the section below.

Business Name				EIN# or SS#:
Contact Name	First Name:	MI	Last Name:	
Address	Street:			
	City:	State:	Zip:	Country:
Shipping Address if different from above.	Street:			
	City:	State:	Zip:	Country:
Phone & Fax	Phone#:	Fax#:		
Web Site and/or E-Mail	Web Site Address:	E-Mail:		
Description of Your Business	What is your main line of business?			
	Who do you sell to?			
Trade References	Busines Name & Contact Person:		Phone & Fax:	
	Busines Name & Contact Person:		Phone & Fax:	

The undersigned hereby apply to become a distributor for SFCC products and acknowledges that he/she;

- 1) shall abide by and be subject to the terms and conditions of the Distributor Agreement, the Policies and Procedures of HDI Solutions / SFCC Vision Systems.
- 2) shall be entitled to purchase product from HDI, build a sales organization, and enjoy benefits available to all Distributors, in accordance to HDI's Distributor Agreement.
- 3) understands that a Distributor does not receive any remuneration from other Distributor but that profits or bonuses will be earned only as a result of the sale of the product set forth in this.
- 4) must mail the original copy of this form back to HDI Solutions, 2930 Corvin Dr. Santa Clara, CA 95051, USA after sending by fax to 1-408-733-6600.

Distributor has received, read, understands, agrees to be bound by the terms, conditions of this Agreement, all documents referred to herein, no such may be amended.

 Authorized Signature

 Date