

Track Your Blood Alcohol Content
BACTRACK[™]
Sleek. Simple. Accurate.

KHN Solutions LLC
300 Broadway Ste 26
San Francisco, CA 94107
Phone: 415-693-9756
Fax: 415-358-8030



Dealer Application

COMPANY & CONTACT INFORMATION

Company Name: _____

Owner Name(s): _____

Street Address: _____

City: _____ State _____ Zip / Postal Code: _____

Country: _____ Phone: _____

Email: _____

Website URL: _____

Tax ID # (US only) _____

SUPPLEMENTAL INFORMATION

Describe your Customers, Type of Business, Market(s) served and Sales Channels:

How did you hear about us? _____

Expected BACtrack sales volume per month: _____

Do you manufacture or private label any products? _____

How will you be promoting BACtrack? _____

Length of time in business: _____

Annual company revenues from prior year: _____

Do you carry liability insurance? If so, how much? _____

MAP PRICING AGREEMENT

The minimum advertised pricing (MAP) for our products and the manufacturer suggested retail prices (MSRP) are shown on the price sheet. Dealers who advertise our products for prices lower than the MAPs may be terminated.

By signing below, applicant requests consideration to represent and market certain KHN Solutions products and applicant agrees that all conversation and proprietary information exchanged between parties will be held in confidence by both parties. Applicant agrees not to sell any KHN Solutions products anywhere not described above.

SIGNATURE OF APPLICANT

PRINT NAME

DATE