



Home Distributor Application

Distributorship Name: _____
This is the name of your business that you will license with your state

Distributor Name: _____
This is your full legal name as it appears on your drivers license

Distributorship Address: _____

City: _____ State: _____ Zip: _____

Distributorships can only be run from a residential address

Mailing Address: _____

City: _____ State: _____ Zip: _____

You can skip this area if your mailing address is the same as your distributorship address

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Business Fax: _____

For your website listing at aromazona.com, which phone number do you want listed?: HOME CELL BUSINESS

Email Address: _____

State Sales Tax / Business License #: _____ State Issued: _____

Birthdate: _____ Social Security Number: _____

Distributor Signature: _____ Date: _____



Non-Disclosure Agreement

I agree that, in consideration for access to information submitted to me by Aromazona Soy Candle Company I will:

1. Keep all information provided to me relating to business and/or marketing plans, discussions, research, graphic design and marketing related programs and processes under development in strict confidence.
2. Disclose this information solely to individuals who have a signed non-disclosure agreement with, or who have express approval from Aromazona Soy Candle Company, either verbal or written, to receive this information.

Non-Compete Agreement

I agree to not compete with the business of Aromazona Soy Candle Company or its designated successors or assigns. This agreement will hold valid upon termination from the Home Distributor Program with Aromazona Soy Candle Company, notwithstanding the cause of termination, within the United States of America. In addition, I shall not directly or indirectly own, be employed by or work on behalf of any firm engaged in the business of the sales or manufacture of candles or any business substantially similar to and competitive with the business of said Aromazona Soy Candle Company.

Signed, understood and agreed this _____ day of _____ (month), _____ (year) by:

Independent Home Distributor / Signature

Independent Home Distributor / Printed Name



Inventory Worksheet

Fragrance	Inventory On Hand			Need To Order		
	10 oz	16 oz	26 oz	10 oz	16 oz	26 oz
Almond Angel Food						
Baby Powder						
Bayberry						
Berry Twist						
Christmas Wreath						
Cinnaberry						
Cinnamon Vanilla						
Cinnastick						
Cranberry						
Crème Brulee						
Desert Rain						
Dreamsicle						
Eucalyptus						
Gardenia						
Hot Apple Pie						
Jasmine						
Lavender Vanilla						
Lemon Pucker						
Lilac						
Lime Chiller						
Luscious Lemon Bars						
Macintosh Apple						
Mango Papaya						
Monkey Farts						
Mountain Retreat						
Neutrazona™						
Nutty Vanilla						
Pomegranate						
Pumpkin Pie						
Sage and Chamomile						
Simply Vanilla						

