

Distributor Website Application



DAXEN, INC.
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Walnut CA 91789
Tel: (909) 348-0188 Fax: (909) 348-0189
www.dxnusa.com

Member ID: _____
Name: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____
Domain Name: _____
Registrant: _____

Administrative Contact:

Name: _____
Address: _____
Telephone: _____

Technical Contact:

Name: _____
Telephone: _____ Email: _____

* Main Web Site Address (Displayed content, including images related to DXN):

* The site cannot be displayed online before approval from DXN.

I, _____ certified that I have read and understand the rules and regulation on DXN USA Distributor Website Regulation and follow and adhere faithfully to compliance with these guidelines. I hereby declared that the above information provided by me is true and complete to the best of my knowledge. The company reserves the right to disapprove any application for any misrepresentation thereof. New distributor registration via this website will be placed under autolink sponsor of _____ (DXN Distributorship ID and Name).

Applicant Signature

Date

FOR OFFICE USE ONLY

Comments:

Application Processed By:

Application Approved By:
