

Distributorship Information Sheet

Date: _____

General Information:

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Company Website: _____

Contact Person: _____ Email: _____

Comments: _____

I understand that I cannot become a Distributor for Mud Technology International Inc. unless I and my company have been approved By Mud Technology International Inc. as a Distributor and unless I enter into a Distributors Agreement with Mud Technology International Inc. By signing this document, I acknowledge and certify that all information provided in the Distributor Information Sheet is true and accurate and that the concealment or falsification of any information requested or provided in the Distributor Information Sheet will be grounds for rejecting my application, revoking any approval previously given and/or terminate any Distributor Agreement entered into with me.

Written Signature of Company Officer

Date

Printed Name of Company Officer

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