



Distributor Application Supplement For Corporations and Business Entities



1201 North 800 East • Orem, UT 84097

Customer Service Center
1-800-UNICITY (864-2489)
Fax 1-800-226-6232

This form should be submitted to Unicity with a Distributor Application/Agreement. This form may be faxed with a completed Distributor Application/Agreement to the Customer Service Center at 1-800-226-6232. Other Application Supplements are available for Partnerships and Trusts.

Applicant Information

Federal Tax ID Number	Name of Corporation or Business Entity		
State of Incorporation or Registration	Date of Incorporation or Registration (MM/DD/YYYY)		
Name of Registered Agent			
Address of Registered Agent			
City	County	State	Zip Code
Name of Principal Shareholder and Contact		Area Code and Daytime Phone Number	

I, _____ hereby certify and warrant that I am a duly authorized officer of _____ (the "Company"). I certify that I am the principal shareholder of the Company and that the Company is in good standing in the State of _____.

I warrant that neither the Company nor any of its Officers, Directors, Shareholders, or Employees acts on behalf of or holds a beneficial interest in any Unicity Distributorship. I understand that neither I nor the Company may sell, transfer, convey, or otherwise distribute any interest in and to the Distributorship without the express written consent of Unicity, and further I understand that Unicity may, in its discretion, obtain from me or the Company upon request a list of the Officers, Directors, Shareholders, and information about the Company. I hereby consent to provide additional documentation should Unicity request such.

Applicant Signature	Date (MM/DD/YY)
---------------------	-----------------