C'ELLE

YOUR MONTHLY MIRACLE

C'elle Distributor Contact Information Form

Please print clearly

Name:_____ _____
First Last

Position:_____

Phone:_____ ext:_____

Cell:_____

Fax:_____

Email:_____

Business Name:_____

Street Address of Business:_____

_____
City ST Zip Code

Description of Business:_____

_____

Description of Clients/Patients:_____

Business Website:_____

How did you hear about us? *(Please specify)*:_____

_____

_____

_____

Please fax this form, along with two signed copies of the Distribution Agreement and your W9 to 813-749-2253. For more information, please call our toll-free distribution line at 866-565-9250.

700 Brooker Creek Blvd, Suite1800, Oldsmar FL 34677
Tel (877) 892-3553 Distributor (866) 565-9250 Fax (813) 749-2253

www.CELLE.com