



DISTRIBUTOR CONSULTANT

APPLICATION

Name of Candidate: _____

Name of Candidate's Company: _____

Position at Company: _____

Candidate/Company address: _____

City: _____ State: _____ Zip Code: _____

Office phone: _____ Mobile: (optional) _____

E-mail address: _____

Website: _____

Social Media Company Accounts (List if applicable)
STRICTLY FOR SOCIAL MEDIA SUPPORT THROUGH ATLANTIC SOCIAL PAGES:

FACEBOOK _____ GOOGLE+: _____

FACEBOOK _____ YOUTUBE: _____
(Personal account for APC Facebook Group)

TWITTER: _____ PINTEREST: _____

INSTAGRAM: _____ HOZZ: _____

Individual recommending ADC name and email address: _____

Branch Location (If applicable): _____

Signature: _____ Date: _____

Please email completed form to shelby@atlanticwatergardens.com or fax to 330.274.8790.

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It will not be sold or shared with any other persons or entities.