



Atlantic

DISTRIBUTOR CONSULTANT

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: _____ HOUZZ: _____

Individual recommending ADC name and email address: _____

Branch Location (If applicable): _____

Signature: _____ Date: _____

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

This information will be used only by Atlantic only for educational offerings, notification of events and sales specials.
It will not be sold or shared with any other persons or entities.