

REALGREEK APPAREL ONLINE SALES REP APPLICATION

Please fax to 866-409-2364

1. Name/Business Name : _____ (How checks will be titled)

2. Address : _____ (where checks will be mailed)

City: _____ ST: _____ Zip: _____

3. Phone # Home: _____ Phone # Cell: _____

4. A.) Social Security/TAX ID #: _____ B.) Date of Birth _____

5. Email Address: _____

6. Select Your Sales Rep ID Code: *(Can be up to 32 characters [letters and/or numbers] of your choice. We suggest using a code that is simple and can easily be remembered by your potential customers)* _____

7. I elect the following monthly: ***Please check one only***

1. *Please send me an email after every transaction my sales rep code is responsible for along with a monthly commission statement* _____
2. *Please send me a monthly commission statement only* _____

8. *Signature: _____ Date: _____

By signing this application, I have read the Sales Rep Program Information and Conditions page and understand the conditions of the REALGREEK APPAREL sales rep program *Please attach a photo ID when faxing this application