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Barefoot Orthotic™ Reseller Application & Agreement

Business Name: _____ DBA: _____

Federal Tax ID#: _____ Reseller Tax ID#: _____

Primary Contact Name: _____ Email: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Would you like to be listed in the Barefoot Orthotic™ where to buy section of our website?: Y N

Website URL: _____

Years In Business: _____ Check One: Sole Proprietor Partnership LLC Corporation

Shipping Address (If different): Street: _____

City: _____ State: _____ Zip: _____

Do you sell other manufacturer's orthotic products? Y N

If yes, which manufacturer's: _____

By signing below, Applicant/Reseller agrees to abide by all Terms and Conditions as set forth by Reseller Terms and Conditions provided separately, and acknowledges these Terms and Conditions may be changed and/or supplemented from time to time by one or more schedules or exhibits provided by Hozhoni Health Services, LLC, setting forth such additional terms between Reseller and Hozhoni Health Services, LLC as may be applicable. Any such schedules or exhibits shall not be effective for at least 30 days after delivery to Reseller. If the proposed terms are not acceptable to Reseller, and accommodation cannot be reached between Reseller and Hozhoni Health Services, LLC, Reseller's sole recourse shall be to terminate this agreement.

SIGNATURE

Name (Print): _____ Title: _____

Signature: _____ Date: _____

Email completed application & orders to:
contact@barefootorthotic.com