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W [www.HozhoniBalanceRail.com](http://www.HozhoniBalanceRail.com)



## Hozhoni Balance Rail® 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 Hozhoni Balance Rail® 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@hozhonibalancerail.com](mailto:contact@hozhonibalancerail.com)