



Safe Step & Walking Forward

Authorized Distributor Application Form:
 Please fill out the following requested information and Fax this
 form to :
 (718)833-6788 , or email to:
 annteshoes@yahoo.com

First, tell us about yourself:

Primary Applicant Name:

Home Address:

City, State, ZIP:

Home Phone Number:

Cell Phone Number:

Email address:

*If your business has more than one owner, please
 list all owners on a separate sheet.

Tell us about your business:

Name of Company:

Website, if any:

Business address:

City, State, ZIP:

Retail location address (if different from above):

City, State, ZIP:

How many years are you in business:

How soon will you start ordering:

What is your current volume in sales (dollars or
 pairs):

What is your projected volumes in sales for Annte
 Shoes products alone: