



**NEXX-USA Dealer Application**  
**Please Fax Completed Application to 1-888-374-1914**  
**Please Mail Original to: NEXX-USA**  
**1350 Ala Moana Blvd. #2605, Honolulu HI 96814**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Name of Owner:** \_\_\_\_\_

**Federal I.D. or Social Security Number:** \_\_\_\_\_

**State Business License Number:** \_\_\_\_\_

(Please include a copy of your business license)

**Number of Years in Business:** \_\_\_\_\_

**Operating As:** Proprietorship  Partnership  Corporation

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**Please list below your company's credit/debit card**

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Card Type:** \_\_\_\_\_

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For fast approval please print or type clearly. A copy of business license must be included with the application. Once we receive your application we will call you to discuss all terms and conditions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For NEXX-USA Office Use Only: APPROVED DATE:** \_\_\_\_\_