

# DISTRIBUTION AGREEMENT

VENDOR

ADDRESS

DATE

DEFINE THE GEORGRAPHICAL AREA (COUNTY, STATE OR REGION)

.....  
.....  
.....

OR, RADIUS OF \_\_\_\_\_ MILES FROM PURCHASING STORE

IN THE DEFINED AREA, THE FOLLOWING LIST OF RETAILERS CURRENTLY CARRY THE \_\_\_\_\_ LINE.

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.....  
.....  
.....  
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.....  
.....  
.....

We agree to limit our distribution to the above list. If, for some reason, we choose to exceed the above list, we will give \_\_\_\_\_ the option of returning our product for full reimbursement by check within 30 days.

SIGNATURE .....

FULL NAME .....

DATE .....