



Pre-approval Form to Sell Kutol

Distributor Name: _____

Location: _____

Distributor Contact: _____

Request Date: _____

Schinner contact requesting authorization: _____

Primary items to be sold: _____

Pricing Program: _____

Authorized by Kutol

Name: _____ **Date:** _____

Kutol Rep Notified: _____ **Date:** _____

Submit completed form to Mark Aylmore, maylmore@kutol.com or Teri Basham, tbasham@kutol.com.