

**Wholesale Partner - Account Application**

1.) Account Name: \_\_\_\_\_

2.) Physical Address: \_\_\_\_\_

3.) Mailing Address: \_\_\_\_\_

4.) Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5.) Fax Number: \_\_\_\_\_

6.) Email Address: \_\_\_\_\_

7.) Business Name & Web URL: \_\_\_\_\_

Complete information below for additional owners, managers, salespersons and spouses:

Full Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for participating in our Partner Program! We look forward to doing business with you.

Please fax completed form to: **888-268-1875**

**For Office Use:**

Promotion Codes 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Partner Type: \_\_\_\_\_ Resale card: \_\_\_\_\_ W-9: \_\_\_\_\_

Rep: \_\_\_\_\_ Multiplier: \_\_\_\_\_ Fee: \_\_\_\_\_