

Rep: _____
Multiplier: _____ Fee: _____
Partner Type: _____ Resale card: _____ W-9: _____
Promotion Codes 1. _____ 2. _____ 3. _____

For Office Use:

Thank you for participating in our Partner Program! We look forward to doing business with you.
Please fax completed form to: **888-268-1875**

Full Name(s): _____
Phone: _____
Email: _____

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

- 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: _____

Referral Partner - Account Application

SHELVES TO DRAWERS COMPANY
Customer Service: 888-528-8728 - Fax: 888-268-1875
12340 Seal Beach Blvd. #B149 - Seal Beach CA 90740
www.ShelvesToDrawers.com