

SHOP WITH CONFIDENCE

Partner Application



www.vexwire.com

- Please fill in the following information and email it to us. Add your state issued **Reseller Certificate** to the email as well, if you are in the United States. If your company is not located in the United States, please indicate so on the form, and fill in our **Freight Forwarding Questionnaire**. If you run into any problems, or need help filling in your application, please contact us - we'll be happy to help.

*Required Fields

General

Company Name*

DBA

Website

Phone Number*

E-mail Address*

BILLING ADDRESS

Street Address 1

Street Address 2

City

State/Province

Zip/Postal Code

Country

My Company is
not in the
United States.

☐

SHIPPING ADDRESS

☐ Same as billing

Street Address 1

Street Address 2

City

State/Province

Zip/Postal Code

Country

This is a
Freight
Forwarder

☐

Years Established*

Federal Tax ID

Business Entity Type

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VEXWIRE

www.vexwire.com

Financial

Past Year Gross Revenue in \$

Number of Employees

Number of Physical Stores

Estimated Yearly Order Volume in \$

Which products are you interested in?* ☐ Phones ☐ Tablets ☐ Wearables ☐ Accessories ☐ Internet Devices

Account Type*

Online Username

Have you purchased from us online? ☐ Yes ☐ No

REFERENCES

Industry Reference 1

Company

Contact Person

Email

Phone Number

Industry Reference 2

Company

Contact Person

Email

Phone Number

Identification

Full Name*

Driver's license, passport or ID Number*

Issued By*

Resale Certificate Attached ☐

Freight Forwarding Questionnaire Attached ☐

SIGNATURE*

DATE*