

## PARTNER APPLICATION

Please fill in the following information and email it to us. Add your **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.

\*Stars indicate mandatory fields Company name\* DBA Website Phone number\* Email address\* Street address line 1 Billing address\* Street address line 2 State Zip/Postal code Country My company is not in the USA Street address line 1 Shipping address\* Same as billing address Street address line 2 State Zip/Postal code Country This is a freight forwarder Year established\* Federal Tax ID Business entity type Past year gross revenue in \$ Number of employees Industry reference 1\* Contact person Fmail Phone number Contact person Company Industry reference 2\*

Phone number

Email

How many physical stores do you have?	Estimated yearly order volume in \$					
Which products are you interested in?*	phones		tablets	wearables	accessories	internet devices
Type of account you are applying for*						
Have you purchased from us online?	yes	no	Your o	nline usernam	ne	
Resale Certificate attached						
Freight Forwarding Questionnaire attached						
Name*			Date*			
Driver's license, passport or ID number*				Issued by*		
Signature*						