



RESELLER APPLICATION FORM

We are pleased that you are interested in becoming a Company Folders reseller! Before we can process your information, please complete this application and forward it to us via fax: 248 883-8880 or email: info@companyfolders.com along with other required company documentation.

BUSINESS INFORMATION

* Registered Legal Company Name:

* Industry:

* Resale Certificate: (this is the number that is issued by your State)

* Tax ID #:

* Street Address:

* City, State, Zip Code:

Website Address:

* Business Phone Number:

* How long have you been in business?

* Number of Employees:

Comments Box:

CONTACT INFORMATION

* First Name:

* Last Name:

* Job Title:

* Phone Number:

* Contact Email:

* Email address that you registered with Company Folders:

TERMS AND CONDITIONS AGREEMENT

By filling out this form and providing your signature below you hereby agree to abide by the terms and conditions listed in the website.

* Name:

* Job Title:

* Signature:

* Date:

* Required Fields

Disclaimer: Please note that completion of the Reseller Application along with providing required business information to Company Folders does not imply immediate approval as a Company Folders Reseller. All Company Folders Resellers must agree to and comply with Company Folders Terms & Conditions and Privacy Policy. Failure to comply with these policies may result in termination from the Company Folders Reseller Program.