

Drinkware Company

22 West Huron Street, Suite 201

Pontiac, MI 48342 248 630-4343 Fax: 248 883-8880

info@drinkwarecompany.com www.drinkwarecompany.com

We are pleased that you are interested in becoming a Drinkware Company reseller! Before we can process your information, please complete this application and forward it to us via fax or email along with other required company documentation.

Please provide the following information about you	ur business:
* 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:	
Comments Box.	
Please provide your contact information (you will I	pecome our main point of contact):
* First Name:	
* Last Name:	
* Job Title:	
* Phone Number:	
* Contact Email:	
* Email address that you registered with	
Drinkware Company:	
By filling out this form and providing your signature	re below you hereby agree to abide by the terms and conditions listed in the website.
* Name:	
* Job Title:	
* Signature:	
* Date:	
	<u> </u>

* Required Fields

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