

Instructions:

1. Send a copy of sales certificate
2. Send a copy of proof of retail location address
3. Fill in application, scan and submit all documents to b2b@kinven.net

Wholesale - Reseller Application Form

Date: _____

Business					
Business Name:				Phone#. ()	
Billing Address:				Fax#. ()	
City:		Country:		State:	
Shipping Address (if different from billing):				Shipping Phone#. ()	
City:		Country:		State:	
Contact Email address:			Web address:		UPS:
Federal Tax ID (SS# Number if Sole Proprietor): _____ - _____				State of Incorporation:	# of Locations:
Business Open Date:		Length of Current Ownership:		Product / Service Sold:	
Ownership					
First Name:		Last Name:			Title:
Social Security Number: _____ - _____ - _____		Date of Birth: / /		Drivers License Number:	
State Issued:	% of Ownership:		Years at current address:		Check if you: Own Rent Lease
Residence Address:			City:		State:
Phone#. ()		Mobile # : ()		Email:	
Trade References					
Company:		Contact Name:			Phone#. ()
Company:		Contact Name:			Phone#. ()
Bank Reference					
Bank Name:		Branch Address:			Contact Name:
Phone#. ()		ABA Routing #:			Account #:
Others					
Check which channells do you plan to sell: Online (e.g Amazon.com) Retail Store Others: _____					

The information contained in this reseller application is provided to us for the purpose of obtaining or maintaining an account with us for you. You understand that we are relying on this information in deciding to grant an account to you. You represent and warrant that the information provided is true and complete. You agree that we, our assigns, agents, or banks, are authorized to make all inquires necessary to verify the accuracy of these statements and to determine your credit worthiness.

X _____
Signature

Title

Print Name