



GOLDEN LACES

RESELLER APPLICATION

We appreciate your interest in selling Golden Laces products. To be considered for becoming an authorized reseller of products from Golden Laces Inc., you must complete this form. If you have any questions or need assistance, please do not hesitate to call 877.465.2237 or send an email to info@goldenlaces.com.

1. Basic Company Information:

Company Name _____

Tax ID Number _____ Date of Establishment _____

Check one type of ownership:

Corporation _____ Partnership _____ Sole Proprietorship _____

1a. Mailing and Billing Address:

Address 1 _____

Address 2 _____

City _____ State _____ Zip or Postal Code _____

Country _____

1b. Shipping Address (No P.O. Boxes)

Address 1 _____

Address 2 _____

City _____ State _____ Zip or Postal Code _____

Country _____ Is this the primary location? _____

Are there branch locations? _____ How many? _____

2. Contact information

Primary Telephone # _____ Primary Fax # _____

Website _____

Principal Contact _____ Title _____

Phone # _____ Email _____

3. Business Profile

3a. What is your approximate annual sales revenue? _____

3b. What is your primary geographical coverage? (Check one)

Local _____ Regional (describe) _____

National _____ International (list countries) _____

3c. Which of the following best describes your primary business? (Check one)

Dealer/Storefront/Retail _____ Distributor _____

Catalog Reseller _____ On-line Reseller _____

Other (explain) _____

3d. Who are your other suppliers?

(1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

3e. Currently, what is your method of marketing your product? (Check one)

Storefront _____ Catalogs _____

Sales Representatives _____ Other (explain) _____

4. Application Review

This application is being submitted for the sole purpose of becoming a Golden Laces Authorized Reseller. The Applicant understands and agrees that this application does not ensure that the Applicant will be chosen as an Authorized Reseller.

If you have questions, contact Golden Laces at: 877.465.2237 or info@goldenlaces.com

All sections of this application must be filled out in whole. Incomplete applications will not be processed.

5. Authorized Signature

By signing below, the applicant warrants that they have the authority to submit this information for the purpose of entering into an agreement for the submitting organization and that the information provided in this application to Golden Laces Inc is accurate and true. If the information is determined to be inaccurate, the applicant acknowledges and agrees that Golden Laces Inc, at any time and at its sole discretion, may terminate the applicant as a Golden Laces Authorized Reseller. Furthermore, the applicant agrees to keep their profile information updates if it changes or as requested from time to time Golden Laces Inc.

Signature _____ Title _____

Name (print) _____ Date _____

For Golden Laces internal use:

Approved By: _____ Date _____

Assigned Customer Code _____