

AUTHORIZED RESELLER APPLICATION FORM

Complete the following with details regarding the parent corporation or head office.

Business Information		
Company:		
Tax ID# (EIN or HST):		
Address:		
City:		
State/Province:	Zip/Postal Code:	
Country:		
Phone Number:	Fax Number:	

Complete the following with details regarding physical and/or online store.

Physical Location Information				
Туре:	□ Brick-and-Mortar	□ Distribution Warehouse		
Store Name:				
Address:				
City:				
State/Province:		Zip/Postal Code:		
Country:				
Phone Number:				



ACTÍVA Products, Inc. 8900 FM 1998 Marshall, TX 75672 903-938-2224 / 905-834-8020 800-883-3899 www.activaproducts.com

Online Store Information		
Туре:		
URL:		

List any/all products of interest that your company is considering.

Product Information	

Complete the following with details of the applicant.

Applicant Information	
Name:	
Position:	
Email:	
Phone Number:	

Authorized Signature