

Wall O Water Inc.
Reseller Application

Date:

COMPANY INFORMATION:

Full Legal Name: (If you are using a DBA please list both)

Primary Contact:

Name/Title:

Address:

Phone:

Fax:

City:

Email:

State:

Zip:

Shipping Address:

Billing Address: (leave blank if the same as shipping.)

City:

City:

State:

Zip:

State:

Zip:

What is your primary business? (i.e. Garden Center, Nursery, Hardware Store, Catalog, Online Retailer etc)

What region or area of the country does your business service?

Do you have a Retail Store Front?

☐

Yes

☐

No

Do you sell online?

☐

Yes

☐

No

What is your primary eCommerce Website?

How many websites do you operate?

List your owned or operated websites:

List your primary eBay URL:

List your primary Amazon URL:

List links to stores on third party marketplaces:

Do you sell to international customers?

☐

Yes

☐

No