

MIGHTY MAGNETS

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RESELLER APPLICATION FORM

CONTACT INFORMATION

Business Name

Key Contact/Title

Street Address

City

State

Zip

Email

Website

SHIPPING INFORMATION (if different from above)

Street Address

City

State

Zip

Phone

Fax

BUSINESS LICENSE

Business License, Resale License or Federal Tax ID#

years in business

PLEASE RETURN BY FAX OR MAIL

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