

Please fill out the following information to help us serve you better!

Applicants Full Name		
Address		
City	State/Province	Zip/Postal
Email Address		Cell Phone
Business Name	State/Province Registered In	
Business Number	Business Tel	
Do you have a physical store location:	Yes No	
If Yes, Name of Business	For How Long	
Type of Business	Products Carried	
Location ALL LOCATION(S)	WHERE YOU WILL BE SELLING OUR PRODUCT	
Name	City	Province
Name	City	Province
SUCH AS, BUT NOT LIMITED TO; AMAZO	ING SANTA AND ME PRODUCT LINE IN ANY ONLII ON, EBAY, AND FACEBOOK MARKETPLACE. FAILU JLT IN VIOLATION OF OUR TERMS.	
Please sign and return this application by Fa	ax: 877-764-3293 or eMail, provided at	the bottom of this page.
Signature	Print Name	Date