

We are happy to have you join our organization as a distributor of ClipShadz. Please complete the information below so that we can establish an account for you.

Organization

Name of Organization: _____

Type of Organization: Retailer Wholesaler

Physical Address: _____

Billing/Mailing Address: _____

Contact

Contact Name: _____

Contact Phone: _____

Contact Email: _____

I have read and agree to the Conditions of Sale as set forth on the Clipshadz.com website.

Authorized Signature

Name of Authorized Representative

- Please supply a resale certificate for all jurisdictions where your products are sold.
- Initial orders require payment with order.
- Please request a credit application if you would like to establish an open account.

