



RESELLER APPLICATION FORM

We are pleased that you are interested in becoming a Metal Kards reseller! Before we can process your information, please complete this application and email to: reseller@metalkards.com along with other required company documentation. Also, you will need to create an account on our website, which you can do at <https://metalkards.com/my-account/>

BUSINESS INFORMATION

* Registered Legal Company Name:

* Industry:

* Resale Certificate: (this is the number that is issued by your State)

* Tax ID #:

* Street Address:

* City, State, Zip Code:

Website Address:

* Business Phone Number:

* How long have you been in business?

* Number of Employees:

Comments Box:

CONTACT INFORMATION

* First Name:

* Last Name:

* Job Title:

* Phone Number:

* Contact Email:

* Email address that you registered with Metal Kards:

Reseller orders require a registered account before activation. Please register at <https://metalkards.com/my-account/>

TERMS AND CONDITIONS AGREEMENT

By filling out this form and providing your signature below you hereby agree to abide by the [terms and conditions](#) listed on our website.

* Name:

* Job Title:

* Signature:

* Date:

*** Required Fields**

Disclaimer: Please note that completion of the Reseller Application along with providing required business information to Metal Kards does not imply immediate approval as a Metal Kards Reseller. All Metal Kards Resellers must agree to and comply with Metal Kards Terms & Conditions and Privacy Policy. Failure to comply with these policies may result in termination from the Metal Kards Reseller Program.