



Authorized Reseller Application Company Name:

Physical Address:

City: _____ State: _____ Zip Code: _____

Providence, Country:

Federal Tax ID #: _____

Website URL: _____

Billing Address:

City: _____ State: _____ Zip Code: _____

Shipping address same as billing? _____ Yes _____ No

Shipping Address 1:

City: _____ State: _____ Zip Code: _____

Shipping Address 2:

City: _____ State: _____ Zip Code: _____

DK Custom Product will ship by UPS "GROUND" Insured, or Priority Mail, Insured and apply shipping charges to your order unless alternate shipping instructions are provided. If you need to ship using an alternate carrier (FedEx, DHL, Etc.) You must supply your account number for that carrier. Freight Terms are FOB at 190 McMullen Road Hickory Flat, MS 38633.

NOTE: Purchase & Shipping Confirmations will be emailed to the contact listed below. Invoices will be emailed to the AP person unless instructed otherwise.

Optional Shipping

Account: _____

Additional / Alternate Shipping Inst: _____

Contact Name: _____

E-mail Address: _____ Phone: _____

Title: _____

A/P Contact:

_____ E-mail Address: _____ Phone: _____

Title: _____

Payment Method: (see below for details on each method)

Credit Card

Give your payment information at the time of placing your order, your card will be charged for your total plus shipping once the product/products are ready to be shipped _____

Pay with your order

100% payment with your order and provide us with your shipping account information _____

2. Please list any other company names under which you sell or operate:

Name(s): _____

Name(s): _____

3. Please attach any other store locations in a separate addendum, reference as (Additional Store Locations).

4. Where do you plan to sell _____ products?

Brick & Mortar Retail Store? _____ Internet Store? _____

If you plan on selling via the internet, please list all owned domain names for which you are asking to resell: URL(s): _____

URL(s): _____

Thank you for your interest in becoming a _____ Authorized Partner.

Pending authorization, we will notify you of your status. Please fill in all sections and the additional store locations if applicable.

• Email a signed PDF (or digitally signed) copy to Support@DKCustomProducts.com

- If a credit card is selected, the contact provided will be emailed with your receipt and tracking information.

- For both methods, please attach a copy of your State Resale Tax Certificate.

5. International Applicants may pay by Credit Card or up-front Wire Transfer (fees apply). Please know that orders are not released into production until full wire payment has been received.

6. Please list any Distributor that you currently purchase from for similar products) on first line.

By submitting this application, you represent, warrant and certify that you have read and understand the provisions of this application and that the information supplied in this application is true and correct. The parties agree to accept a digital image of this signed document as executed, as a true, correct and binding original document. The signature of the Applicant may also appear digitally and is legally binding.

By submitting your application, You represent, warrant and agree that You have read and accept the terms of the agreement and DK Custom Products policies, as may be modified by DK Custom Products from time to time. Signature of Applicant if printed, emailed it is considered an electronic signature. DK Custom Products 190 McMullen Rd Hickory Flat, MS 38633
662-252-8828 Support@DKCustomProducts.com