



# APPLICATION FOR PARTNERSHIP

DIRECT FULLFILLMENT SHIPPING

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Is your business registered? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is your business in good standing with BBB? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Name	TIN	Registered State	Business Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
Business E-Mail Address	Is your business subject to any tax withholdings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**NOTE:** Direct Fulfillment Shipping specializes in providing immediate shipping to retailers with limited inventory space. We focus on businesses localized in the northwest, which enables us to ship quickly and immediately. We DO NOT ship products directly to consumers.

## PRODUCT LINE (NOTE: ALL ITEMS MUST FIT IN A 2'X2'X2' BOX)

DESCRIPTION	QTY	UNIT PRICE	SIZE OF EACH ITEM (W" X H" x D")	WEIGHT (LBS OF EACH ITEM)

PICTURE OF BUSINESS FRONT

PICTURE OF INSIDE BUSINESS

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL PRODUCT LINE (NOTE: ALL ITEMS MUST FIT IN A 2'X2'X2' BOX)**

[illegible]