



RESELLER APPLICATION FORM

Applicant Information

Full Name*: _____ Date: _____
Last First M.I.

Address*: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone*: _____ Email _____

Date Available*: _____ Social Security No.: _____

Are you a Filipino Citizen? YES NO
[] []

Have you ever worked as a reseller before? YES NO If yes, what brands and products?
[] [] _____

Name of Business/ Store: _____

Address: _____

Nature of Business: _____

Type of Selling Platform (Lazada, Shopee etc): _____

Are you applying for*: Dropshipping Inventory Reselling
[] []

Do you have a store space already? YES NO

What city do you plan to sell Hola Store products? * _____

*Complete and submit this form together with your 1 valid government I.D at lapenicacorp@gmail.com.
Wait for our confirmation email.*

Signature: _____ Date: _____