Thank you for your interest in The House of Staunton's Reseller Program.

Fax the completed application to +1.256.851.0560

Company Name | Contact name & Title

Billing Address

City | State | ZIP/Postal Code | Country (if other than USA)

Telephone Number | Fax Number

E-Mail Address (required) | Website

Shipping Address (if different than Billing - Sorry, no PO boxes)

City | State | ZIP/Postal Code | Country (if other than USA)

Business Type: ❑ Storefront ❑ Internet-Based ❑ Mail Order (*Please Select All That Apply*)

Company Type: ❑ Corporation ❑ Partnership ❑ Sole Proprietor

Years in Business _____ **Number of Employees** _____ **Number of Locations** _____

Company Reference #1 | Contact name & Telephone Number

Company Reference #2 | Contact name & Telephone Number

Please tell us a little about your company and it's customer base:

Signature _____ Date: _____

All information provided is completely confidential, used for the sole purpose of the authorization process.