APPLICATION FORM

TIMTECHS WHOLESALE APPLICATION FORM

BUSINESS INFORMATION

COMPANY LEGAL NAME: ……
COMPANY TRADE NAME: ……
URL ADDRESS : ……

PHONE NUMBER : ……
FAX NUMBER : ……

PERSONAL INFORMATION

FIRST NAME: ……
LAST NAME : ……

ADDRESS 1: ……
ADDRESS 2: ……

CITY/STATE : ……

PHONE NUMBER: ……
FAX NUMBER : ……

EMAIL: ……

Service Intersted In: __ Bulk Order __ Drop-Shipping

Addition Services : __ Language Editing __ Pre-testing __ RMA repair

By accessing or using this Service, you agree to these terms of use, conditions and all applicable laws. If you do not agree to these terms you may not use this Service.

Signature: X_____

Date : ……..

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