



# Wild Angel Cozy Company LLC Reseller Application Form

## COMPAY INFORMATION

RESELLER STORE NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

STORE ADDRESS \_\_\_\_\_  
\_\_\_\_\_

STORE WEBSITE \_\_\_\_\_

STORE PHONE \_\_\_\_\_ FAX \_\_\_\_\_

RESELLER TAX ID # \_\_\_\_\_

## AGREEMENT

I, \_\_\_\_\_, as an authorized agent to agree to the following reseller terms for the company of \_\_\_\_\_.

1. We agree to maintain Wild Angel Cozy Company LLC branding
2. We agree not to misrepresent Wild Angel Cozy Company LLC products
3. We agree not to discuss, publish, or other wise communicate wholesale pricing with non employees of the above company, and will hold all company employees to same.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## FAX OR MAIL TO:

Fax: (603) 672-3506

Wild Angel Cozy Company LLC  
54 Chestnut Hill Rd  
Amherst NH 03031

Phone: (603) 249-6727  
info@wildangelcozy.com