



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