



# Reseller Program Details & Application Form

## Couver Reseller Program Details

- We can drop-ship
- For drop-ship orders, we ship out without our invoice inside
- For drop-ship orders, we write reseller's business name and our shipping address as shipper
- We update order status online and email tracking number for each drop-ship order
- No min. order for non-customized products
- Different discount levels applied depending on reseller's purchase volume and frequency
- Resellers can download and printout files from our website [http://x.couver.us/index.php?main\\_page=page\\_3](http://x.couver.us/index.php?main_page=page_3)
- We charge 15% restocking fee for return and refund

Filled in *Reseller Application Form* next page should be sent by e-mail, mail, or fax to:

### Couver Corporation

10821 Shoemaker Ave. Santa Fe Springs, CA 90670

Phone: 562-219-2494

E-mail: [support@couver.us](mailto:support@couver.us)

Fax: 1-877-503-1906

In reply to *Reseller Application Form*, accurately filled and sent to us, after approval, we shall give you the product reseller price list.



## Reseller Program Details & Application Form

### Company Information

Name / D.B.A. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_

Shipping Address (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

### General Information

Main Contact Person Name \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
CEO/President Name \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Company Year Established \_\_\_\_\_ # of Employees \_\_\_\_\_  
Please briefly describe your business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Yearly Purchases \_\_\_\_\_  
Sale territory \_\_\_\_\_

### Order Information

Is Merchandise bought from Couver Corp. for resell? Yes \_\_\_\_\_ No \_\_\_\_\_  
Resale Certificate # \_\_\_\_\_ (please attached the copy)  
Federal Tax ID # \_\_\_\_\_

### Trade Reference

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signing this agreement indicates all the information your filled above is correct.  
In addition, you authorize Couver Corporation to make any and all inquiries necessary to process this application.

Authorized Person \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_