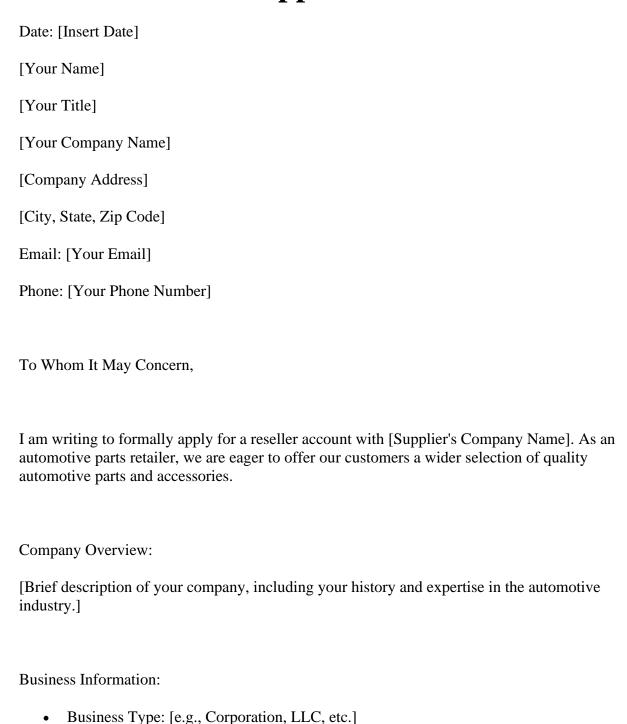
Reseller Account Application

• Tax ID: [Insert Tax ID]

Year Established: [Insert Year]Website: [Insert Website URL]



We believe that partnering with [Supplier's Company Name] will significantly enhance our product offerings and satisfaction of our customers. We are committed to promoting and selling your high-quality products.
Attached you will find the completed application form along with all required documents. Please let us know if you need any additional information.
Thank you for considering my application. I look forward to the opportunity to work together.
Sincerely,
[Your Name]
[Your Title]

[Your Company Name]