Retailer Application Form

Thank you for your interest in becoming a We R retailer. Please take a moment to fill out this application and then fax or send it in along with a copy of your tax ID license.

fax this form to:
(801)539-8000
or send to:
PO Box 16509
Salt Lake City, UT 84116

for questions
visit our website:
www.weronthenet.com
or call us: (801)539-5000

Store Name: _____

Owner Name: _____

E-mail address: _____

Store Type: Brick & Mortar, Online/Catalog, Chain Store, Other _____

Retail Square Footage: _____

In Business Since: (MM/DD/YYYY) _____

Billing Address: _____

_____

_____

Shipping Address: _____

_____

_____

Phone Number: _____

Fax Number: _____

Tax ID License (include a copy): _____

How did you hear about We R Memory Keepers? _____

_____