



Thank you for your interest in
The Chess Store Reseller Program.

Fax the completed application to 503.629.5914. Or email to sales@thechessstore.com.

Company Name Contact Name & Title

Billing Address

City State Zip/Postal Code Country (if not USA)

Telephone Number Fax Number

E-Mail Address Web Site

Shipping Address (if different than Billing Address)

City State Zip/Postal Code Country (if not USA)

Business Type (check all that apply): Storefront Internet Based Mail Order

Company Type: Corporation Partnership Sole Proprietorship

Years in Business: _____ Number of Employees: _____ Number of Locations: _____

If you have other locations, please attach a list of the other locations and their address.

Which program are you interested in? Wholesale Drop Shipping Both

Would you like to use the photographs from our web site? Y / N

Please tell us a little about your company and its customer base:

Signature _____

Date: _____

Title: _____