



Authorized 3PL Dealer Application

Business Name:	
DBA:	
Primary Contact:	Title:
Email:	Phone:
Company Physical Address:	Company Alternate Address:
Entity Type:	
State of Incorporation:	Year Incorporated:
EIN:	
Identify all current and future intended sources you intend to purchase XS Sights products from: <input type="checkbox"/> Direct <input type="checkbox"/> Functioning Wholesaler (list below):	
How long have you resold XS Sights?	
How did you hear about XS Sights?	
What percent of your business is B&M Sales _____%, Direct Website _____%, 3PL _____%, other _____%	

Marketplace Request:

Please list the marketplace and storefront uniquely. Amazon FBA/FBM/SFP/ect all apply uniquely. Listing Amazon without distinction will be denied.	XS Internal Approve/Deny
1	<input type="checkbox"/> <input type="checkbox"/>
2	<input type="checkbox"/> <input type="checkbox"/>
3	<input type="checkbox"/> <input type="checkbox"/>
4	<input type="checkbox"/> <input type="checkbox"/>
5	<input type="checkbox"/> <input type="checkbox"/>
6	<input type="checkbox"/> <input type="checkbox"/>
7	<input type="checkbox"/> <input type="checkbox"/>
8	<input type="checkbox"/> <input type="checkbox"/>

Submit completed application, business license, and appropriate state resale certificate to dealers@xssights.com.

Date Submitted: \_\_\_\_\_