



Morales Brands, LLC

Email Completed Form to:
partnernetwork@moralesbrands.com

Application to Join Partner Network

Business Information		
Company Name*:	D/B/A:	
Federal Tax ID*:	DUNS # (if available):	
Registered Company Address*:		
City*:	State*:	Zip Code*:
Company Main Phone*:	Company Email*:	
Type of Business*:		
Additional Information		
What Product(s) or Service(s) will be made available to our network? *		
Do You Offer Payment Terms?	What percent discount can be offered to our network?	
Main Point of Contact Information		
Name*:	Position*:	
Phone*:	Email*:	
Signature*		
Signature	Date	

Please Email the completed application to partnernetwork@moralesbrands.com and include any additional documentation you would like to provide. We strongly encourage all applications to include items like line cards, catalogs, or whitepapers. The more information supplied the better. All applications will be reviewed within 2 business days.

* Fields marked with an asterisks denotes a required field.