



Partner Application

Please Mail, Fax or Email the completed application to:

LAVENTER LLC
PO BOX 6244
NEWPORT NEWS, VA 23606
FAX: (757)349-9106
Email: partners@laventer.com

- Dealer
- Value Added Reseller
- Taxable Organization
- Tax-Exempt Organization *

Legal Business Trade Name: _____

DBA: _____

Business is: Corporation Proprietorship
 Partnership LLC LLP

State ID #: ** _____

Street Address (Actual physical address, no PO#):

Billing Address (If different from above):

Phone: () _____
E-mail Address: _____

Fax: () _____
Web site: _____

Are you a Subsidiary? Yes, Name Parent Company: _____
 No

Are you a Parent Company? Yes, Name Subsidiary: _____
 No

Authorized Purchaser(s):

Name: _____ Phone: () _____
Fax: () _____
Email: _____

Name: _____ Phone: () _____
Fax: () _____
Email: _____

