

# KURGO RETAIL PARTNER APPLICATION

E-mail this application and a copy of your State Resale Certificate to Lori Donovan at [ldonovan@kurgo.com](mailto:ldonovan@kurgo.com)



COMPANY NAME:

SHIPPING ADDRESS:

CITY: STATE: POSTAL / ZIP CODE:

TELEPHONE: FAX:

E-MAIL: WEB URL:

BILLING ADDRESS (IF DIFFERENT):

CITY: STATE: POSTAL / ZIP CODE:

MAIN CONTACT NAME:

TITLE:

TELEPHONE: E-MAIL:

BILLING / AP CONTACT NAME:

TITLE:

TELEPHONE: E-MAIL:

BUSINESS CLASS: SOLE PROPRIETOR PARTNERSHIP CORPORATION (STATE):

TAX ID #: BUS START DATE:

BUSINESS TYPE PHYSICAL RETAIL STORE VETERINARY OTHER:

GROOMING/DAYCARE TRAINING

WHO DO YOU PURCHASE KURGO ITEMS FROM? KURGO DIRECTLY DISTRIBUTOR (NAME):

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true. Further, I hereby agree to abide by Kurgo's Terms and Conditions, MAP Guideline, and Unilateral E-Commerce Policy, and to notify Kurgo of any URL prior to selling Kurgo products online. I understand that failure to do so may result in not only loss of business with Kurgo but potential legal action for damages.

SIGNED X:

TITLE:

DATE:

Motivation Design, LLC, dba Kurgo  
2D Fanaras Drive, Salisbury, MA 01952  
TEL: 877-847-3868 | FAX: 815-642-0182 | [www.kurgo.com](http://www.kurgo.com)

If you have any questions, please contact Lori Donovan:  
Tel: 978-225-6483 | E-mail: [ldonovan@kurgo.com](mailto:ldonovan@kurgo.com)