

## Authorized Reseller Registration

\*Minimum order of \$1,000 and proof of purchase required for initial listing on our dealer locator.  
Once completed please email to info@infiniterule.com.

BUSINESS NAME	
Location Name	_____

\* For multiple locations please submit a form for each location.

PRIMARY BUSINESS CONTACT		STORE LOCATION CONTACT	
Name	_____	Name	_____
Phone	_____	Phone	_____
Email	_____	Email	_____
Position	_____	Position	_____

\* Primary business contact.

\* Primary contact for this dealer location.

PHYSICAL LOCATION ADDRESS			
Street	_____		
City	State	Zip	_____
Country	Phone	Fax	_____
Website	_____		
Description (optional)	_____		

STORE HOURS OF OPERATION	Logo (optional)
<b>Monday</b> ___ AM      ___ PM <b>Tuesday</b> ___ AM      ___ PM <b>Wednesday</b> ___ AM      ___ PM <b>Thursday</b> ___ AM      ___ PM <b>Friday</b> ___ AM      ___ PM <b>Saturday</b> ___ AM      ___ PM <b>Sunday</b> ___ AM      ___ PM	<p>Click below to upload image</p>          <p>PNG, JPEG or Vector- (800x800 min.)</p>