



# Dark Matter Apparel Trading CC

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## Reseller Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*Town/City Region*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ ID number: \_\_\_\_\_

Why would you like to become a reseller for Dark Matter Apparel Trading?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to me becoming a reseller for Dark Matter Apparel Trading CC, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_