

## RESELLER SUBMISSION FORM

Date: **Primary Contact Name: Company Name: Company Address: Company Website: Primary Email: Secondary Email: Primary Phone: Secondary Phone: Alternate Phone: Comments: OPTIONAL QUESTIONS** Would you be interested in sharing reciprocal links between ReWave's website and yours? Yes 🗌 No  $\square$ How did you hear about ReWave?

Reseller (Partner) Terms:

Participation in the ReWave Reseller Program does not create an employment relationship. Partners recognize the fact that employee benefits of any kind are not provided. ReWave reserves the right to refuse potential Partners and/or data recovery submissions at our discretion.