

Reseller Application



Thank you for your interest in becoming a Desert Adventures affiliate. Please complete the following application and fax to our office at (702) 293-4507, along with a copy of your current business license, general liability insurance, workers comp, and completed W-9 form.

Legal Entity Name:		
DBA Name:		Years in business:
Business Type: <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other (please state):		
Federal Tax ID:		State Resale / IATA #:
Street Address:		
City:	State:	Zipcode:
Contact Person(s):		
Phone Number:		Fax Number:
Email Address:		Website:

To help us provide you with proper information, staff training materials, guest information, and promotional artwork, please tell us what type of activities you would like to offer to your guests:

<input type="checkbox"/> ATV's / Quads	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Lake Mead
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Scenic Biking	<input type="checkbox"/> Bryce Canyon
<input type="checkbox"/> Hiking	<input type="checkbox"/> Stand Up Paddling	<input type="checkbox"/> Ziplines	<input type="checkbox"/> Zion National Park
<input type="checkbox"/> Backpacking	<input type="checkbox"/> Rafting	<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Grand Canyon
<input type="checkbox"/> Hoover Dam	<input type="checkbox"/> Camping	<input type="checkbox"/> Team Building	<input type="checkbox"/> Colorado River
<input type="checkbox"/> Other:			

Please include a copy of the following items along with your application:

- Business License
- General Liability Insurance
- Workers Compensation Insurance
- Completed W-9 Form

For Office Use Only:

Resmark Login:		Login:	
Registered Agent Name(s):			
Bus License:	Insurance:	W-9:	
Digital Logo Received:	Logo Uploaded:	Net Rate:	Sent: