

THE ORIGINAL



**magnets
in motion**®

Date: _____

PARTNER DETAILS FORM

Fax To: 609-333-0245

Magnetic Impressions, LLC would like to include your organization on the Magnets in Motion® Website Partner Page. If interested, please complete the following information:

1. Company Name: _____

2. Permission to hotlink to your (Reseller) website from Magnetic Impressions Partner Page: Yes No

Webpage to hotlink: _____

3. Permission to include locations listed below on the Magnetic Impressions Partner Page: Yes No

Location #1: Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Location #2: Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Location #3: Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Location #4: Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

4. Authorized by:

Name: _____

Date: _____

Signature: _____

Position: _____

We reserve the right to remove this information from our website at anytime without notice or obligation.