



Unique belize



APPLICATION FOR REGISTRATION OF SELLERS

Application No.: _____ (for official use only)

Date of Application (mm/dd/yy): _____

Point of Contact/Name of Registrant:

First

Middle

Last

Company/Business Name: _____

Year of Registration/Incorporation (mm/dd/yy): _____

Company/Business/Permanent Address:

Building/Lot Number: _____ Street Name: _____

City/Town/Village: _____ District: _____

Contact Information:

Office #: _____ Cell #: _____

Email Address: _____

Important Notes:

1. Valid identification must accompany the application (Social Security Card or Passport).
2. The original company document(s) must be provided to verify registration or incorporation of the company.