

# WALDEN APTITUDE TEST RESELLER APPLICATION FORM

## BUSINESS CONTACT INFORMATION

Title:	Company name:		
Phone:	E-mail:		
Address:			
City:	St./Pr.:	ZIP/PC:	
Date business commenced:			
Choose an option:	<input type="checkbox"/> 0 - 50 employees	<input type="checkbox"/> 50 - 100 employees	<input type="checkbox"/> 100+ employees

## APTITUDE TEST RESELLER PLAN

Please describe the type of HR Recruitment firm you work at and why you think the aptitude test reseller plan would be a good fit:



 1 (800) 361-4908

 [partners@waldentesting.com](mailto:partners@waldentesting.com)

 [www.waldentesting.com](http://www.waldentesting.com)

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## BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	St./Pr.:	Country:	ZIP/PC:
Phone:		E-mail:	
Type of account:			

Company name:			
Address:			
City:	St./Pr.:	Country:	ZIP/PC:
Phone:		E-mail:	
Type of account:			

Company name:			
Address:			
City:	St./Pr.:	Country:	ZIP/PC:
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