



TEXAS HARBOR TRADING LLC

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BUSINESS PARTNERSHIP REQUEST FORM

Thank you for your interest in establishing a business relationship with Texas Harbor Trading LLC. Please complete this form in full. All information provided will be treated professionally and used solely for partnership evaluation purposes.

PART A – COMPANY INFORMATION

Company Name: _____

Business Registration Number: _____

Country: _____

State/Province: _____

City: _____

Business Address: _____

Company Website: _____

Year Established: _____

Nature of Business:

☐ Distributor

☐ Wholesaler

☐ Retailer

☐ Importer

☐ Exporter

☐ Trading Company

☐ E-Commerce Business

☐ Other: _____

PART B – CONTACT INFORMATION

Primary Contact Person: _____

Position/Title: _____

Email Address: _____

Phone Number: _____

WhatsApp Number: _____

Preferred Contact Method:

☐ Email

☐ Phone

☐ WhatsApp

PART C – PARTNERSHIP DETAILS

Type of Partnership Requested:

☐ Wholesale Purchasing

☐ Distribution Partnership

☐ Retail Supply

☐ Business Collaboration

☐ Long-Term Supply Agreement

☐ Other: _____

Products of Interest:

Estimated Monthly Purchase Volume:

☐ Under \$1,000

☐ \$1,000 – \$5,000

☐ \$5,001 – \$10,000

☐ \$10,001 – \$25,000

☐ Above \$25,000

Expected First Order Quantity:

Target Market(s):

Examples: USA, Canada, UK, Middle East, Africa, Europe

PART D – PAYMENT INFORMATION

Preferred Payment Method:

☐ Wire Transfer (TT)

☐ ACH Transfer

☐ Letter of Credit (LC)

☐ Bitcoin (BTC)

☐ Tether (USDT)

☐ Other: _____

If Cryptocurrency is Selected

Preferred Cryptocurrency:

- ☐ BTC
- ☐ USDT (TRC20)
- ☐ USDT (ERC20)
- ☐ Other: _____

Preferred Currency for Quotation

- ☐ USD
- ☐ EUR
- ☐ GBP
- ☐ Other: _____

PART E – SHIPPING REQUIREMENTS

Preferred Shipping Method:

- ☐ Air Freight
- ☐ Sea Freight
- ☐ Courier Service
- ☐ Open to Recommendation

Preferred Delivery Destination:

PART F – ADDITIONAL COMMENTS

Please provide any additional information regarding your business objectives, partnership expectations, or special requirements:

DECLARATION

I hereby certify that the information provided in this Partnership Request Form is true and accurate to the best of my knowledge.

Authorized Representative Name:

Title:

Signature:

Date:

FOR OFFICE USE ONLY

Application Received By: _____

Date Received: _____

Status:

☐ Pending Review

☐ Approved

☐ Additional Information Required

☐ Declined

TEXAS HARBOR TRADING LLC Professional Trading & Supply Solutions