



Reseller Application Form

Please print, complete and fax to +44 (0)1 420 520 029 or mail to address below

Company

Co. Name	
Street 1	
Street 2	
City/Town	
Post/Zip Code	
Country	
Telephone	
Fax	
Email	
Web Site	

Products you already sell

Manufacturer	Product	Qty/Year

Do you resell to?

End users only	<input type="checkbox"/>
Dealers only	<input type="checkbox"/>
Both	<input type="checkbox"/>

Company Type

Sole Trader	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Private Limited Company	<input type="checkbox"/>
Public Limited Company	<input type="checkbox"/>
Government	<input type="checkbox"/>

In which countries do you operate?

First	
Second	
Third	

Financials

Date Started	
Last years sales	
This years sales	

How do you find customers?

Press Release	<input type="checkbox"/>
Advertising	<input type="checkbox"/>
Mail	<input type="checkbox"/>
Email	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Web site	<input type="checkbox"/>

Primary Contact

Name	
Position	
Phone	
Email	

Application

Application Date	
Applicant Name ¹	
Applicant Email ¹	

Number of Staff

Administration	
Marketing	
Sales	
Support	
Others	
Total	

Company Locations

Number of locations	
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¹ If different from Primary Contact