

RESELLER APPLICATION FORM

Business Details and General Information (Fields marked with * are mandatory)			
Company Name*			
Business Registration No. (if applicable)			
Business Address*			
Established Year/Date*			
Number of Employee*			
Capital (including capital reserve)			
Business Segments*	1. 2. 3. 4.		
Telephone No.*			
Phone No.*			
Email Address*			
Website Address			
Contact Person's Information (Fields marked with * are mandatory)			
Name*			
Position*			
Office Phone No.*			
Telephone No.*			
Email Address*			
Supporting Documents (Fields marked with * are mandatory)			
<input type="checkbox"/> Company Profile*			
Reseller	(Name)	(Position)	(Signature)
Date :			
Z.com product names that you want to apply for reseller:			