



RESELLER ACCOUNT APPLICATION

Legal Company Name:

Company Website (optional):

Store Type:

Online Store Printer Supply Store Computer Store Else, please indicate

Date Established:

Tax No:

Brief Description:

How were you referred to us?

Contact Name:

Phone Number:

Fax Number:

Email:



Do you agree?

I have read and agree to

1. All brand names and trademarks are the properties of their respective holders and are referred here for descriptive purpose only. We are not associated with any printer manufacturer.
2. This program is for resellers only. Do not disclose any information from our reseller program in public.

Authorized Signature:

Print Name:

Title:

Date:
