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RESELLER APPLICATION FORM

PLEASE print as clearly as possible and complete all fields !

Company/Trading Name :	
Main Contact Person / People :	Director's / Proprietor's Name:
Trading Address : Post Code :	What type of reseller are you? (e.g. mail order; retails shop; consultant etc.)
Telephone No(s) :	Contact Email Address :
Fax No :	Your Website Address :
Your Company Registered No : (if applicable)	When was your company established? :
Your Company VAT No : (if applicable)	Main business activity & specialist areas :
Which product(s) are you most interested in? :	

I apply for reseller status & confirm that all information supplied is correct.

Signed Dated Print Name

The above section must be signed by a director, partner or the proprietor. Reseller status is available only to bona fide resellers. No printed or internet published material/images may be used or reproduced without specific permission from the material owner. We reserve the right to decline a reseller application or revoke reseller status at any time.

Please fax/post this form back to VoIPon, attaching a copy of your company letterhead

Please note there is a minimum order of £200.00 for your first order. If your application is incomplete (where applicable) or we are unable to validate your status as a legitimate trading reseller, your application can not be processed.

Fax to: 01245 808 299 or Email to: info@voipon.co.uk