OZEKI
Informatics Ltd.

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form **R12**

Reseller Application Form

OZEKI Phone System XE products

Contact details of the reseller

Contact person full name	
Contact person e-mail	
Contact person mobile phone	
Contact person landline phone	
Contact person fax number	
Company name	
Company address	Address 1 ---------- Address 2 ---------- Address 3 ---------- City ---------- State (optional) ---------- Country ---------- Post code ----------
Company website	
VAT number (for EU companies)	

Additional information

- ☐ We can provide 1st level technical support
- ☐ We sell compatible VoIP hardware
- ☐ We can participate in marketing activities
- ☐ We operate a webshop Webshop URL: ----------

Notes, comments: ----------

Please sign and return this form to Ozeki Sales Office in fax 00 36 52 532 732, or in e-mail info@ozekiphone.com

Date:

Signature