

Reseller Application Form

Company Name _____

Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax _____

E-mail _____ Web Site _____

Availability of shop or other trade point _____

Availability of a warehouse _____

The size of a layout area _____

The products you sell _____

An average number of the visitors per day _____

The basic target groups of the consumers, you cooperate with _____

The average annual turnover (is given at will) _____

Contact person: Name _____

Specialization _____

Phone _____ Fax _____

E-mail _____

Additional information about Contact Person (is given at will) _____

Filled in *Reseller Application Form* should be sent by e-mail or fax to:

Computer Systems Odessa Corp.

E-mail sales@csodessa.com

Fax +38 048 729 66 61