



Reseller Application

Filling out the form carefully shorten the application processing time.
Reseller Application signatory must be authorized by the company.
Fax the form (the bottom number) or scan & mail the printout.

The company's registered name

The company's registered VAT/TAX number

Date of application

Billing address

Zip code (BA)

City (BA)

Country (BA)

Shipping address

Zip code (SA)

City (SA)

Country (SA)

Telephone

Fax

Contact person (supplies) E-mail

E-mail address on line, billing purposes

The company's operating field

Number of employee

I accept Zandgroup AB's distribution terms

The company's business on an author's signature

Print the name in block letters

Zand Group AB

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