

iPrints Reseller Application

Business Information

Company Name:

Registration Number:

VAT Number:

Physical Address:

City:

State / Province:

Country:

Postal Code:

Telephone Number:

Fax Number:

Web Address:

Where did you hear about us:

Accounts / Admin Contact Information

Name:

Surname:

Email Address:

Contact Information

Name:

Surname:

Mobile Number:

Email Address:

Additional Information

About this Application:

By completing this reseller application form, I agree to iPrints **Terms and Conditions** and other Policies relating to this engagement.