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## ıPrınts Reseller Application

<b>Business Information</b>		
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 Inforn	nation	
Name:		
Surname:		
Email Address:		
Contact Information		
Name:		
Surname:		
Mobile Number:		
Email Address:		
A delist 1 to 6		
Additional Information  About this Application:		
	this reseller application form, I greed to iPrints <b>Terms and Co</b>	onditio
and other Pol	ices relating to this engagement.	