



RESELLER APPLICATION FORM

Full Company Name:

Full Invoice Address:

Telephone Number:

Fax Number:

Accounts Contact Name & Email Address:

Company Registration number:

VAT Registration number:

Credit Limit Requested:

Please provide 2 trade references: (must be companies willing to provide trade references)

Name of Company:

Name of

Company: Address:

Address:

Contact Details & Email Address:

Contact Details & Email Address:

We authorise Techland Systems International Ltd to undertake the appropriate searches relating to this credit review. We agree to meet all financial obligations as extended to us by Techland Systems International Ltd. We confirm, we have read, understood and agree to adhere to the linked Terms and Conditions for the [Sale of Goods](#), and/or [Supply of Services](#), and/or [Sales of Cloud Services \(Cloud Services Reseller Agreement\)](#), (posted on Techland's website <http://www.techland.co.uk/> in connection with all orders placed with Techland. We confirm payment terms are 30 days from date of invoice. We the undersigned have given Techland Systems International Ltd the information necessary to establish credit terms. The information supplied is correct and complete. **PLEASE NOTE: Techland only accept payment by BACS.**

Name:

Job Title:

Signature:

Date:

Techland

Internal Use:

Account No:

Credit Limit

Approved By

Date: