



The IT Marketing Company

Business Application
Design Automation
Enterprise Security and Networking Solutions
Enterprise Storage and Backup Solutions
Imaging Solutions
Professional Training and Services

RESELLER APPLICATION FORM

Fax to: (65) 6536 1729

Contact: (65) 6536 1728

E-mail: enquiry@acapacific.com.sg

Company Name, Address, Main Contact Person, Company Registration No., Telephone No., Fax No., Email Address, Website, Designation

Which solution categories would you be interested to represent? (pls tick the relevant)

- Business Application, Design Automation, Imaging Solutions, Enterprise Storage and Backup Solutions, Enterprise Security and Networking Solutions

Your company area of IT specialization? (pls tick the relevant)

- Financial, Banking & Insurance, Education, Manufacturing, Engineering, Business services / Hotel / Retail, Telecommunication/ISP, Healthcare / Biotechnology, Transport / Logistics, Building / Construction, Government / Statutory Board, Trading / Wholesale, Others, please specify

Your company staff strength?

- < 10pax, 31 - 50pax, 11 - 30pax, > 50pax

How did you get to know us?

- Reseller referral, Events/Seminar/Workshops, Principal Referral, Website, Promotions, Media

What vendors/principals do you currently represent (hardware and software)

Three horizontal lines for listing vendors/principals

Authorized Signature, Date, Name

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Processed By, Approved By, Processed Date, Approval Date