

Dealer application form

The information that Checkmarq receives, is only used to approve you as a Checkmarq reseller.

Company

Company name:
Street:
Zip code & City:
Phone:
Fax:

Contacts

Management	Sales
Purchase	Administration

Mailing list

NAME	JOB TITLE	E-MAIL ADDRESS

Data

Bank name	Account nr.
Chamber of Commerce nr.	Vat nr.

Date:

Stamp and signature

Account number:

Approved by Checkmarq