

NEW ACCOUNT SET UP INFORMATION

BUSINESS INFO

Business Registration Name: _____

Web Site: _____ Years in Business _____ No. of Employees _____

Address: _____

Key Contact: _____ E-mail: _____

Phone #: (_____) _____ Fax #: (_____) _____

IRS # (Federal Tax ID United State): _____

GST# / PST# (Canadian Customer Only): _____

VAT # (European Country): _____

BILLING INFO

Company Name: _____

Address: _____

City/State: _____ Zip/Postal Code _____ Country _____

AP Contact Name: _____ E-mail: _____

Phone #: (_____) _____ Fax #: (_____) _____

Invoice Preference: Invoice via email Invoice via mail BOTH

SHIPPING INFO

Attention to: _____

Address: _____

City/State: _____ Zip/Postal Code _____ Country _____

Contact Name: _____ E-mail: _____

Phone #: (_____) _____ Hours of Operation: _____

Custom Broker's Name & Account Number (if applicable): _____

Special Delivery Instruction: _____

BUYER INFO

Key Contact Name: _____

Office # (_____) _____ Mobile # (_____) _____

Fax # (_____) _____ E-Mail: _____

Final Approval by Buyer Required: (after PO Issued): Yes No

BUSINESS INFORMATION

END USER: Hospital Government Education Business Internal Use

RESELLER: Service Provider Retail Store On-Line Store Wholesale Reseller
 Distributor

OTHERS: Please specify: _____

Product Line/Model: _____

BECOME ZCOVER AUTHORIZED RESELLER

We are Authorized Distributor/Service Provider of (Brand) _____ in _____ area.

We are member of _____ Program/ Board /Organization

We are Business Partner / Authorized Service Center of _____

We want to be zCover's Authorized Reseller for products in

- Apple Ascom Avaya Cisco Intermec Motorola Honeywell
 Spectralink Toshiba Others _____

