



Reseller Application

Reseller Name:

Contact Name:

Contact Title:

Email Address

Phone

Fax

Billing Address:

.....

.....

Shipping Address:

.....

.....

How many years has your company been in business?

I certify that the above information is true and correct, and wish to be considered as a Shyan Electronics authorized reseller.

Fill up the Reseller Application form and send it to uor email address shyanelectronics@vsnl.net, we will contact you for our terms and condition.

Date:

Signature