



Bridge Conferencing Solutions CK2001/031950/23
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Reseller Application Form

Registered Name of Business			
Trade Name of Business			
Company Registration No.			
VAT Registration No.			
Nature of Business			
Type of Incorporation	CC	Pty(Ltd)	Ltd
Physical Address			
Postal Address			
Telephone			
Fax			
Contact Person			
Cell Number			
Email Address			
Website			

The undersigned hereby confirms that:

1. The information contained in this document is true and correct,
2. They are duly authorised to enter into agreements for/on behalf of the applicant,
3. They have read and understood the Bridge Conferencing Solutions Standard Terms and Conditions of Trade and accept them as binding upon the applicant.

Signature	
Capacity	
Date	