Application Form
EUserv Reselling Program
Please complete the following form and send it back via
Fax to: +49 (0) 3641 3 10 12 35

Company: _____

Last Name: _____   **First Name:** _____

Address: _____

City: _____   **Country:** _____

Customer ID: _____   **VAT. ID:** _____

Commercial Reg.Number : _____   **Date of Birth:** _____

Phone : _____   **Fax:** _____

Website: _____   **Email:** _____

Webshop URL for reseller products : _____
_____

General questions:

1. Since when does your company exists?:   _____

2. Number of employees: _____

3. How many servers do you expect to order per month?:   _____

4. How many domains do you expect to order per month?:   _____

5. Are you a reseller for another Provider? If yes, which one?:   _____

_____

_____   _____
First Name/ Last Name in block letters   **Date/ Signature/ Company Stamp**