

Contact details

Application Date _____ Registered Company Name _____

Trading Name (if different from Registered Company Name) _____

Company Address _____

_____ Post Code _____

Country _____ Tel _____ Fax _____

Company Registration Number _____ Incorporation Date _____

Vat Number _____ Company email address _____

Contact Name _____ Contact Mobile Number _____

Contact email address _____

Invoice address (if different from company address) _____

_____ Post Code _____

Country _____ Tel _____ Fax _____

Accounts Contact Name _____ Contact Mobile Number _____

Accounts Contact email address _____

Application Details

Which market is your primary focus? (please tick)

- Residential Commercial Public Healthcare Transport
- Other (please define) _____

Please state geographical area of Operation _____

Approx how many Electric Blinds do you currently sell per annum? _____

Which manufacturers systems for motorised shades do you currently sell?

Why would you like to become a QMotion Reseller?
