

**RESELLER REQUISITION FORM**

**For Register fax to 03-7980 2388**

**PRODUCT TYPE**

**RESELLER DETAILS**

Please tick the box below:-

- Auto Dialer
- Alien Voip
- Others

Reseller Name : \_\_\_\_\_  
(Company Name)  
Contact Number : \_\_\_\_\_  
Contact Person : \_\_\_\_\_

**1.0 RESELLER REQUEST ITEM**

Please tick the box below:-

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Register Account | <input type="checkbox"/> Terminate Account       | <input type="checkbox"/> Suspend Account  |
| <input type="checkbox"/> Add New Phone Line   | <input type="checkbox"/> Disable User Pin Number | <input type="checkbox"/> Inactive Account |
| <input type="checkbox"/> Add New Pin Number   | <input type="checkbox"/> Disable Phone Line      | <input type="checkbox"/> Others _____     |

**2.0 NUMBER OF TELEPHONE LINE**

Remark: Telephone line or use pin name more than 12 , kindly attach a list behind this REGISTRATION FORM

1 _____	3 _____	5 _____
2 _____	4 _____	6 _____
7 _____	8 _____	9 _____
10 _____	11 _____	12 _____

**3.0 USER PIN NAME**

Remark: Telephone line or use pin name more than 12 , kindly attach a list behind this REGISTRATION FORM

1 _____	3 _____	5 _____
2 _____	4 _____	6 _____
7 _____	8 _____	9 _____
10 _____	11 _____	12 _____

**4.0 SPECIAL REQUEST / REMARK**

4.1 \_\_\_\_\_  
4.2 \_\_\_\_\_  
4.3 \_\_\_\_\_

**5.0 FOR WEB ASP USE ONLY**

Application Status : <b>Approved / Not Approved / Pending</b>	Customer ID : _____
Registration Date : _____	Rate Plan : _____
Register By : _____	Remark : _____