

WebASP Sdn. Bhd. (832475-W)

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Your Application Service Provider (ASP/23/2009) -

RESELLER REQUISITION FORM

		For Register fax to U3-196U 2366		
PRODUCT TYPE		RESELL	RESELLER DETAILS	
Please tick the box below:-		Reseller Name :		
Auto Dialer Alien Voip			(Company Name)	
Others		Contact Number :		
		Contact Person :		
1.0 RESELLER REQUEST ITH	ЕМ			
Please tick the box below:-				
New Register Account	Terminate Account	Suspend Account		
Add New Phone Line	Disable User Pin Number	Inactive Account		
Add New Pin Number	Disable Phone Line	Others		
2.0 NUMBER OF TELEPHONE	LINE			
Remark: Telephone line or use pin name	e more than 12 , kindly attach a list behind this RE	GISTRATION FORM		
1	3	5		
2	44	6		
7	8	9		
10	_ 11	12		
3.0 USER PIN NAME	e more than 12 , kindly attach a list behind this RE			
Remark. Telephone line of use pin hand	e more than 12, kindly attach a list benind this KE	GISTRATION FORM		
1	33	5		
2	4	6		
7	_ 8	9		
10	_ 11	12		
4.0 SPECIAL REQUEST / RE	MARK			
4.1				
5.0 FOR WEB ASP USE ONLY	2			
Application Status : Approved /	Not Approved / Pending	Customer ID :		
Registration Date :				
Register By :		Remark :		