

Customer Information

Company Name : _____
Registration No : _____
Company Address : _____
City : _____ **Postal Code/Zip**: _____
State: _____ **Country**: _____
Contact Person : _____
Tel: _____ **Fax**: _____
Mobile No: _____ **Email**: _____
[Optional] Reseller ID: _____ **Reseller Email Address**: _____

Domain Name URL address: _____

Choose a Template

Template: Code # _____

Contents: (700-800 words per section)

Home:

Product:

Contact Us:

[Optional] Additional page:

I certified the above information are correct. Please chop and sign and fax over to 603-78057922.

Name: _____ **Signature**: _____ **Position**: _____ **Date**: _____