# PACISOFT Distribution

**Partner/Reseller Application**

We are pleased that you have expressed an interest in becoming an WPS Office Partner/Reseller. This information will be used to establish your company as a Reseller. When completed, please return this form to:

**Pacisoft Distribution Vietnam Company**

#163 Nguyen Van Troi St, Ward 11, Phu Nhuan Dist,Ho Chi Minh

Tel: (08) 38 478 749 ; Fax: (08) 38 479 675

Email: [partners@pacisoft.com](mailto:partners@pacisoft.com)

In order to become designated as an Authorized Reseller of WPS Office’s products, we require the agreement and completion of the following two items:

1. Agree to place information about WPS Office’s software products within any product catalogs, online resources (such as website) and other resources that are deemed appropriate by the Authorized Reseller. Do you agree?

Yes

No

1. Completion and return of the following information:

**Company Contact Information**

*(All information will be held in strict confidence and is used solely for the purpose of evaluation).*

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| --- | --- | --- |
| Company Legal Name: | | |
| Doing Business As: | Application Contact: | |
| Office Mailing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | Fax Number: | |
| E-Mail Address: | URL: | |
| Shipping Address (if different) | | |

|  |  |  |
| --- | --- | --- |
| City: | State: | Zip/Postal Code: |
| Accounting Contact: | E-Mail Address: | |
| Purchasing Contact: | E-Mail Address: | |
| Marketing Contact: | E-Mail Address: | |

The statements provided in this application are accurate to the best of my knowledge: I understand and agree to the above:

|  |  |
| --- | --- |
| By (Signature): | Date: |
| Print Name: | Print Title: |

Company Confidential