## **Reseller Information Form**

	NUMBER: :	-			
For our records	ourposes, we would like to request your c	company the list of company perso	onnel responsible for:		
	Name	Designation	Email Address	Signature	Direct Line
I. Issuance of Checks (Payments)	a.				
	b.				
II. Preparation of Purchase Orders	с				
	a.				
	b.				
III. Approval of Purchase Orders	2				
	b.				
	с.				
V. Acceptance of Deliveries	a.				
	b.				
	с.				
V. Approval for receiving of company/sales incentives	a.				
	b.				
	c.				
	s, Inc. (WSI), we take your privacy seriously and will				
and services. We maintain	training and the like. We do not sell personal informa n physical, technical and organizational safeguards t vices to you. Our employees are trained about the in	o protect your personal data. We restrict a	ccess to your personal data to th	ose employees who	
5	tacting you for this purpose please tick to say h	ow vou would like us to contact vou:	Telephone □ Mob	ile Phone □ Posta	al Mail



Wordtext Systems, Inc.

To inquire, please call or email:

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