



WebWork-Solutions Sdn Bhd
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Registration Form for GDATA Anti Virus Kit Reseller

Part A: Reseller Information

Organization Name: _____
Contact Person: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____
URL: _____

Part B: Payment Information (if different from above)

Organization Name: _____
Contact Person: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

Part C: Authorization from the Reseller

I / we hereby declare that the information given is correct. I / we agree to accept and be bound by the terms and Conditions attached herewith imposed by WebWork-Solutions Sdn Bhd.

Reseller Signature

Company Stamp

Date

Internal use only:

Date received: _____ Date of commencement: _____ ID: _____