



# Reseller Application

Reseller Name: -----

Contact Name: -----

Contact Title: -----

Email Address -----

Phone -----

Fax -----

Billing Address: -----

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Shipping Address: -----

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How many years has your company been in business? -----

I certify that the above information is true and correct, and wish to be considered as a Shyan Electronics authorized reseller.

Fill up the Reseller Application form and send it to uor email address [shyanelectronics@vsnl.net](mailto:shyanelectronics@vsnl.net), we will contact you for our terms and condition.

Date: -----

*Signature* -----