



## Padvish Reseller Request Form

Request Date:.....

Company Name:..... Company Type:.....

Address:..... Phone:.....

Fax:..... Postal Code:.....

Website:..... Activity Scope:.....

### Information

First & Last Name	Position	Phone No.	Mobile No.	E-mail Address

### Antivirus Sales History

Antivirus Name	Sales Duration	No. Of Technical Expert	No. Of Business Expert

**Antivirus Sales Scope:**

Home Edition

Corporate

**Short Description of Sales Scope:**

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**Per Year Sales Forecast**

No. of Home Edition:

No. of Corporate:

Sales Forecast of Home Edition (USD):

Sales Forecast of Corporate (USD):

**Please fill this form and Email to [reseller@amnpardaz.com](mailto:reseller@amnpardaz.com)**