PARTNER APPLICATION FORM

PAF No.	. PAF	Date://	
(please fill in and send it back to us by e-mail to sales@prodatanet.com.ph)			
Name:	e-mail:		
Compan	ny Name:	Job Title	
Business	s Address		
City:	Province F	Post Code/ZIP:	
Phone:	Ext FAX:		
Cell:	Website:		
 Type of business? (choose the best one fits your business) Distributor Value Added Reseller Wholesaler Retailer Service Provider System Integrator IT Consultant Home Based Other 			
2. Number of employees?			
3. Monthly turnover in Php?			
4. Store #1 add #2 add #3 add #4 add #5 add	dress:dress:dress:		
 5. Type of products you're selling? (multiple choice) PC Server Pheripherals Network products Parts Surveillance Wireless products Software Repair services Training Other: 			
	brands are you selling? I names:		
7. What are your target customers? (multiple choice)			

 Transportation Commercial On-line B2C Dealer Others: 			
 8. Do you advertise? on what media? (multiple choice) Website Newspaper Magazines Social media Others: 			
 9. Please fill in your distributor's name as references? #1 Distributor's name: #2 Distributor's name: #3 Distributor's name: 			
10. Which of Prodatanet products do you currently sell? Product name			
11. What products are you interested in? Product name			
12. Comments:			

Prodatanet Inc. will not disclose any personal information provided to any third party without your consent except when it is necessary to finalize your request or required by law.