



Authorized Partners



MASTER RESELLER APPLICATION FORM

Thank you for your interest in becoming OfisXpert Master Reseller. To enable us to fully consider your application would you kindly complete this master reseller application form and email to reseller.application@ofisxpert.com.my

COMPANY INFORMATION			
Company Name:		Registration Number:	
Address:			
City:		State:	Zip/Postal Code:
Phone Number:	Fax Number:	Company Website:	
OWNERSHIP			
Name:		Title:	
Address:			
City:		State:	Zip/Postal Code:
Phone Number:		Email Address:	
BUSINESS DETAILS			
Year Founded:		Total Numbers Of Employees:	
Business type: Sole proprietor / Partnership / Sdn. Bhd. / Bhd.			
Nature of Business:			
<input type="checkbox"/> Hardware Vendor	<input type="checkbox"/> Training Center	<input type="checkbox"/> Independent Software Vendor	
<input type="checkbox"/> Web Developer	<input type="checkbox"/> System Integrator	<input type="checkbox"/> Accounting/Consulting Firm	
<input type="checkbox"/> Value Added Reseller	<input type="checkbox"/> Others, please specify:		
Current Business Relationships/Alliance/Certifications:			
<i>Please list accounting software with whom your company has a current representative relationship including any current certifications</i>			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Please tick the state you choose to become a Master Reseller			
<input type="checkbox"/> Kuala Lumpur	<input type="checkbox"/> Johor	<input type="checkbox"/> Perak	
<input type="checkbox"/> Selangor	<input type="checkbox"/> Pahang	<input type="checkbox"/> Pulau Pinang	
<input type="checkbox"/> Melaka	<input type="checkbox"/> Terengganu	<input type="checkbox"/> Kedah	
<input type="checkbox"/> Negeri Sembilan	<input type="checkbox"/> Kelantan	<input type="checkbox"/> Perlis	
CONTACT INFORMATION			
Account/Admin Contact:			
Phone:		Email Address:	
Sales Contact:			
Phone:		Email Address:	
BANK ACCOUNT DETAILS			
Bank Name:		Bank Account Number:	
Branch Address:			



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STRENGTH OF COMPANY

Experience:

Network/Contact:

Marketing expenditure:

SALES AND MARKETING PLAN FOR 12 MONTHS

Sales Plan:

Promotion/Events Planned:



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BRANCH / TRAINING CENTRE

State & Branch:	Master Reseller <input type="checkbox"/> Agent <input type="checkbox"/>
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Address:

City:	State:	Zip/Postal Code:
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Phone Number:	Fax Number:	Contact Person:
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*Nominated Certified Trainer:

- 1.
- 2.

*Nominated Certified Sales Person:

- 1.
- 2.

State & Branch:	Master Reseller <input type="checkbox"/> Agent <input type="checkbox"/>
-----------------	---

Address:

City:	State:	Zip/Postal Code:
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Phone Number:	Fax Number:	Contact Person:
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*Nominated Certified Trainer:

- 1.
- 2.

*Nominated Certified Sales Person:

- 1.
- 2.

State & Branch:	Master Reseller <input type="checkbox"/> Agent <input type="checkbox"/>
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Address:

City:	State:	Zip/Postal Code:
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*Nominated Certified Trainer:

- 1.
- 2.

*Nominated Certified Sales Person:

- 1.
- 2.

State & Branch:	Master Reseller <input type="checkbox"/> Agent <input type="checkbox"/>
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Address:

City:	State:	Zip/Postal Code:
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Phone Number:	Fax Number:	Contact Person:
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*Nominated Certified Trainer:

- 1.
- 2.

*Nominated Certified Sales Person:

- 1.
- 2.



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State & Branch:		Master Reseller <input type="checkbox"/>		Agent <input type="checkbox"/>	
Address:					
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Phone Number:		Fax Number:		Contact Person:	
*Nominated Certified Trainer:					
1.					
2.					
*Nominated Certified Sales Person:					
1.					
2.					
State & Branch:		Master Reseller <input type="checkbox"/>		Agent <input type="checkbox"/>	
Address:					
City:		State:		Zip/Postal Code:	
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2.					
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2.					
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Address:					
City:		State:		Zip/Postal Code:	
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State & Branch:		Master Reseller <input type="checkbox"/>		Agent <input type="checkbox"/>	
Address:					
City:		State:		Zip/Postal Code:	
Phone Number:		Fax Number:		Contact Person:	
*Nominated Certified Trainer:					
1.					
2.					
*Nominated Certified Sales Person:					
1.					
2.					

* Not applicable for Agent