

TestLink Sales Agent Application Form



1) Name: _____

2) Company name: _____

3) Postal Address: _____

4) Phone number: _____

Mobile number: _____

Fax Number: _____

Company Website: _____

5) Company Structure: Individual / Partnership / Public Ltd / Private Ltd

6) Date of Establishment: _____

7) Company registration no: _____

8) Principle Bankers: _____

Address: _____

Account No: _____

1 Factory Road
Upton
Poole
Dorset
BH16 5SJ
UK

Contact Nick Beer
Phone + 44 1202 627112
Mobile +44 7802 392304
Email nick.beer@testlink.co.uk

9) **Legal Advisors:** _____
Address: _____

10) **Annual Turnover:**

	Amount	Currency
Prior year	_____	_____
Current Year	_____	_____
Forecast		
Next Year	_____	_____

11) **Your Infrastructure:**

Office Space (Sq Ft): _____

Total Number of Staff: _____

Number of Sales Persons: _____

12) **Business Description and experience in the ATM Industry:**

13) **Current Distributors for:**

Company	Product / Services	Since Year	Sales Last year	Sales Expected Current year	Country

14) List of top 5 existing customers:

Company Name	% Total Revenue	Revenue last 12 months

15) Please tick boxes of products you would like to represent TestLink for:-

Remanufactured ATM'S

ATM Parts

ATM Desk NCR ATM Diagnostic Software

ATM Training

ATM Cassette Test System

Countries you are applying for.

16) The number of customers you expect to introduce within 12 Months?

The estimated value of the accounts you introduce?

17) Documents

The following documents are required to support Agent Applications. Please tick those which you are enclosing with this application.

Individual Applications

CV

Certified Passport Copy

Certified Documents showing your Address (e.g. Utility Bill, Drivers License)

Corporate Applications

Certified copy of certificate of Incorporation, or entry in commercial register.

Certified copy of appointment of current directors

Evidence of companies registered address

18) Signature

By signing this application form, you acknowledge and agree that the information you have given on this form is true, accurate and complete.

Signature.

Full Name of Authorised Signatory.

Date.
