

## Contact details

Application Date \_\_\_\_\_ Registered Company Name \_\_\_\_\_

Trading Name (if different from Registered Company Name) \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Country \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Company Registration Number \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Vat Number \_\_\_\_\_ Company email address \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Mobile Number \_\_\_\_\_

Contact email address \_\_\_\_\_

Invoice address (if different from company address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Country \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Accounts Contact Name \_\_\_\_\_ Contact Mobile Number \_\_\_\_\_

Accounts Contact email address \_\_\_\_\_

### Application Details

Which market is your primary focus? (please tick)

Residential  Commercial  Public  Healthcare  Transport

Other (please define) \_\_\_\_\_

Please state geographical area of Operation \_\_\_\_\_

Approx how many Electric Blinds do you currently sell per annum? \_\_\_\_\_

Which manufacturers systems for motorised shades do you currently sell?

\_\_\_\_\_

Why would you like to become a QMotion Reseller?

\_\_\_\_\_

\_\_\_\_\_