

Reseller application



Please fill in all the fields:

Company Name (Legal Name)	
Invoice Address	
Delivery Address (Standard delivery address if nothing else is specified)	
Phone	Fax
VAT No	WEB
Number employees	Company Turnover
Your focus: <input type="checkbox"/> Photo <input type="checkbox"/> B2B <input type="checkbox"/> Retail	

Contacts:

Company Signer	phone	e-post
Sales	phone	e-post
Purchase	phone	e-post
Support	phone	e-post

E-mail for invoices/credit notes:

(For paper invoices we charge an administration fee)

E-mail for order/offers:

(Standard e-mailaddress if nothing else is specified)

Network Innovation applies a lowest limit for purchase of 25 000 NOK/6 months.