



INFORMATION FORM  
RESELLERS & PARTNERS

Once the form is completed, please send it to us at « reseller @ ippi.com »

**General Information:**

Company name:.....

Legal form:.....

Registration number: .....

VAT Intra number (Europe): .....

Main contact:.....

Position in the company:.....

Address:.....

City: ..... ZIP code:.....

Tel.: ..... Mobile:.....

E-mail:.....

**Company Information:**

Year of establishment:.....

Main activity:.....

Number of employees:.....

Website:.....

**Target customer:**

Businesses / Individuals / Both:.....

Geographic Area / Country:.....

**Miscellaneous:**

Current Telecom Equipment / Phones:.....