

Reseller Application for Wholesale Telecommunications Services



Reseller Information

Registered Company Name:

Business Status: (e.g. Limited Company, Sole Trader etc.)

Registered Address:

Postcode:

Company Registration Number:

VAT Number:

D-U-N-S Number:

Primary Contact:

Phone Number:

Email Address:

Technical Contacts

Primary Contact:

Phone Number:

Email Address:

Secondary Contact:

Phone Number:

Email Address:

Billing Details

Payment Method: (Please select from the drop-down below)

PO Number: (If left blank we will assume no PO number is required for payment)

Billing Address: (If different to that supplied opposite).

Postcode:

Primary Contact:

Phone Number:

Email Address:

By signing this application, you confirm acceptance of our standard contract terms for Wholesale Service and that you are authorised by the business above to bind it into this agreement with FibreNest. As part of the Reseller Application process a credit vetting may be undertaken. Orders for service will not be able to be placed until this application has been approved and countersigned below by a representative of FibreNest.

ACCEPTED AND AGREED - RESELLER

Signed:

Name:

Position:

Date:

ACCEPTED AND AGREED - FIBRENEST

Signed:

Name:

Position:

Date: