

Fax Application Authorized Reseller or Distributor

To crm-now Sales

Fax #: **+49 (0)30 451-9037**

Pages incl. cover page: 1 +

Thank you for your interests. Please fill out the following form completely. Please add to this form a copy of your legal company registration.

Our sales department will contact you as soon as possible.

Your company

Name:

Address:

(no P.O. Box)

www Adresse

Tax Identification
Number :

Copy of company
registration

- attached
- not attached

Further information:

Contact:

Name:

Position:

e-mail:

Telefon / Telefax:

Your business:

What type of ASP
market do you serve
already?

When could you start
the business with
CRM?

What type of
customers do you
want to approach?

What kind of help to
you need from crm-
now?