

Quantum Software Solutions, Inc.

Reseller Information

Complete your company information below and fax or email this to us.

To: Quantum Software Solutions, Inc.

Fax #: 610-373-5215

From:

Email: Sales@QuantumSS.com

Re: Reseller Information

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact Name(s): _____

Payment Terms: (select an option below)

Bill my Credit Card: (if you prefer, you can call us with your credit card information)

Card type (Visa, MasterCard, Amex):

Acct #:

Expiration Date:

Name on Card:

Invoice me (net 15 days):

*Note- please complete only if billing address is different from above

Company Name: _____

Company Address: _____

Contact Name: _____

*Note you can change the above information at any time, by calling or emailing us

Quantum Software Solutions, Inc.

Reseller Information

Some general questions:

1. What type of business do you have?
2. Will you be selling all of our programs or just specific programs?
3. How will you market our software? (Current customers, advertise, emails)
4. Is there anything more we can provide to help you?

Thank you for taking the time to fill this out, if you have any questions or comments, feel free to call 610-373-4719 or email us at sales@QuantumSS.com.