



BOSSLAN Reseller Registration Form

Company name :	
Address:	
City:	
State:	
Postal code:	
Country:	
Phone:	
Mobile phone:	
Fax:	
Contact person:	
Job title:	
E-mail:	
Web page :	

Company activity :

Number of employees: From 1 to 10 From 11 to 25 From 25 to 75 More than 75

How did you know about us ?

E-mail Fax Advertising / Magazine
 www.bosslan.com BOSSLAN GITEX 2007 booth Others:

Interest areas:

Wireless Surveillance / CCTV IP Cameras
 Powerline DVR IP Thin Terminal
 Networking ADSL Router Storage NAS
 VoIP GSM / Repeaters Power IP
 IP phones IP forensic KVM IP

We're interested in this specific BOSSLAN products :

Product code	Description	Request pricing	Units need	Urgent
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>

<p>Comments :</p>	<p>Your business card</p>
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