Maandeeq IPTV Dealer Application Form

Date:

Contact Name: Position:

Tel: E-mail:

Business Name:

Business Type: ☐ Physical Store ☐ e-Commerce

☐ Other (Please specify)

Business Description:

Address:

City: State/Province

Country: Postal Code

Business Web:

Product Interested:

Quantities: ☐ 5-19 ☐ 20-49 ☐ 50 and above

Shipping Address:

City: State/Province

Country: Postal Code