

Gimmedalla Sub - Agent Form

Legal Business Name: _____

Owner / Representative: _____

Contact Person: _____

Physical Address: _____

City / Town: _____

District: _____

Billing Address: _____

City / Town: _____

District: _____

Business Phone: _____

Latitude / Longitude address: _____

Cell No: _____

Email: _____

Distributor / Master Agent: _____

Business Type

- Store
- School
- Grocery

- Restaurant
- Hospital
- Financial Inst.

- Gas Station
- Govn't Inst.
- Smart Dealer

Other: _____

Zone Location

A (North)

B (West)

C (South)

Qty of Phones Requested: _____

Initial Purchase Value: _____

Terminal Number: _____

Receipt#: _____

Qty of Sign Delivered: _____

Qty of Sign Installed: _____

Signature (Contact or Representative)

Printed Name

Date