



Quest Reseller Enquiry Form

Company name: _____

Street address: _____

Postal address: _____

Phone: _____ Mobile: _____

Contact name: _____ E-mail: _____

Fax: _____ Website: _____

ABN: _____ ACN: _____

Date incorporated: _____ No of employees: _____

Brief description of your business: _____

Experience in point of sale: _____

Other products sold: _____

Computer Operating Systems & Application Experience *(please tick if applicable)*

Windows 98 Windows NT Networking Internet

Word Processing Databases Spreadsheet Accounting S/W

Target Markets *(please tick if applicable)*

Pubs / Clubs Hotel / Motel Bottle Shops Restaurants

Fast Food Convenience Stores Grocery Other _____

Do you sell a point-of-sale back office solution? If so, please describe: _____

How do you intend to support the Quest products? _____

Please return completed form to:

Quest Retail Technology Pty Ltd
 37 – 37 Walsh Street, Thebarton, SA 5031
 Fax: (61 8) 8234 1711
 Email: sales@quest.com.au