



License Registration Form

Company / Personal Information

First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Prefix *	
<input type="text" value="Ms."/>	
Company Name *	
<input type="text"/>	
Company No./IC No. *	
<input type="text"/>	
Company type	Company Industry
<input type="text" value="--None--"/>	<input type="text" value="--None--"/>

Login Information (for Sage Store Login)

Email Address	
<input type="text"/>	
Password *	Confirm Password *
<input type="text"/>	<input type="text"/>

Contact Information

Address *	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
City *	State *
<input type="text"/>	<input type="text" value="Kedah"/>
Postcode *	Country *
<input type="text"/>	<input type="text" value="MYS"/>
Telephone *	Fax
<input type="text"/>	<input type="text"/>
Mobile No. *	
<input type="text"/>	