



System Integrator , Dealership Application Form

Products Detail			
Inquiry Item		Brand	
Model Number		Order qty	
Company Detail			
Name of company			
Business Address			
Unit No.		Post code	
Tel. No.		Fax. No.	
e-mail address		Web page	
Contact Detail			
Main Contact Person	Tel	Extension No.	e-mail
Contact Person of Payment	Tel	Extension No.	e-mail
Contact Person of Order	Tel	Extension No.	e-mail
Contact Person of Logistic	Tel	Extension No.	e-mail
Directors / Partners			
Name	Title / Position	%	e-mail
Profile			
Capital		Type of business	
Nuber of employees			
Remarks			
Confirmation			
Name of Applicant:			
Date:			
Authorized Signature		Company Stamp	