

  **Dealer Application Form**

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| --- | --- | --- | --- | --- | --- |
| Contact Person |  | Contact Position |  | Phone Number |  |
| Company name |  | Email |  |
| Company Address |  | Number of employees |  |
| Company website |  | Year Established |  |
| 1. Annual turnover |
|  □ under $50 million □ over $100 million  □ over $300 million □ over $500 million |
| 2. Current Brand Operation :  |
| 3. What is your business model and main business? |
|  |
| 4. Target Customer Base:  |
| 5. Target Distribution Region : |
| 6. Warehouse Capacity : □ YES □ NO  |
| 7. After-Sales Service Team: □YES □ NO  |
| 8. Online Sales Channels: □ YES □ NO |
| 9. Preferred Cooperation Model: □ Exclusive Distribution □Non-Exclusive Distribution |

1. We confirm that the information provided is accurate and agree to cooperate with your company’s review and verification process.
2. We understand and agree that your company will handle the application materials confidentially.

**Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_