

# Agent Cooperation Application Form

<b>Company Name</b>				<b>Company Add</b>			
<b>Name</b>				<b>Email</b>			
<b>Beneficiary</b>				<b>Phone</b>			
<b>Registration Time</b>							
<b>Company Specifications</b>	<b>Total number of employees</b>	<b>Marketing personnel</b>	<b>Technicians</b>	<b>After-sales service</b>	<b>designers</b>	<b>Administrative staff</b>	<b>Other personnel</b>
<b>Company Operation Situation</b>	<b>Business Scope</b>						
	<b>Main Business</b>						
	<b>Main Customer Type</b>						
	<b>Sales country</b>						
	<b>Sales Direction</b>						
<b>Operational experience</b>							
<b>Contact Information</b>	<b>Business Address</b>						
	<b>Mobile phone</b>				<b>Email</b>		
	<b>Web</b>				<b>ZIP NO.</b>		
<b>Apply for Agency Service Life</b>							
<b>Other</b>							