

## 盈多實國際有限公司 EXPORTPRO INTERNATIONAL LIMITED

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## **Dealer Application**

Company Name:	
Billing Address:	Shipping Address:
City, State, Zip:	City, State, Zip:
Owner Name:	Telephone:
Manager Name:	Telephone:
Accounting Name:	Telephone:
Business Phone:	Fax Phone:
E-mail Address:	%e&Address:
Hours of Operation:	Tax resale#:
#stimated Initial Purchase Amount:	Estimated Monthly Purchases:
History o( +our Company:	
Marketing Plans (or Himoto Products:	
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	<del></del>
I agree to abide by the terms of the Exportpro Int'l Ltd. policy/ I confirm	n that all information contained in this application is ture and accurate.
Owner/ O((icer Name:	
Signature:	Date:

Please fill up the above form and fax back to 852 - 27879280.