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| **Distributor Addition Application Form** | | | |
|  | | **Date\*：** | |
| **Vendor\*** |  | **Source\*** |  |
| **Region\*** |  | **Assigned to\*** |  |
| **Primary Contact at Distributor** | | | |
| **Name\*** |  | **Job Title\*** |  |
| **Mobile Phone\*** |  | **Email\*** |  |
| **Remarks** |  | | |