

Distributor Application Form

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|---------------------------------------|--|----------------|--|----------------|--|
| Name | | Email | | Tel | |
| Company Name | | Website | | Address | |
| Current Main Products | | | Current Sales Channels | | |
| Current Customer Volume | | | Annual Sales Volume | | |
| Other Available Sales Channels | | | Target Market Region | | |
| Target Customer Volume | | | Target Region Sub-healthy Person Volume | | |

This information helps us better understand your market and give corresponding promotion plans, please fill in the truth.