Walsun™ LED Lighting Products Regional Distribution

APPLICATION FORM

**PART A: DISTRIBUTOR PROFILE**

Organization/Agency Full Name:

Headquarter Mailing Address:

Local Offce Address:

Phone: Fax:

E-mail: Web:

**DISTRIBUTOR CONTACT**

Mr.  Mrs.  Ms.

Name:

Full Name

Title:

E-mail:

**DISTRIBUTOR INFORMATION**

1. Year established:

2. Number of employees:

1 – 5  6 – 10  10+

3. Type of Business:

Corporation/ Sole Proprietorship

Government Agency

Non-Profit

Other

Specify

4. List the countries or areas you've marketed your products or services (attach separate sheet, if necessary)

5.List the countries or areas you plan to promote Walsun products (attach separate sheet, if necessary)

**PART B: CLIENTELE INFORMATION**

1.What types are your clients of? (e.g. project business, goverment, etc)

2.What is your sales amount to the above clients each year?

3. What products or services have you provided to the above clients?

Other

Specify

**PART C: SALES**

1.How do you develop your market in your region?

Ads in Newspapers & Magazines

Presentations/Fairs  Brochures

Short-Term Intensive English

Promotion in network

Other

Specify

2.Do you have your specialized after-sales team in LED lighting?

Yes  No  We can establish that

We won’t need such a team

Other

Specify

3.How many technicians of LED lighting in your company?

Less than 5 people

5-10 people

We are willing to recruit

We won’t cruit that kind of technicians

Other

Specify

**PART D: DECLARATION**

For submitting the Representative/Agent Application Form: Note-we only accept the application form via the email address: **info@walsuns.com,** it would be invalid if it is submitted by any other channels. The applicant should fill out the form as required, and accordingly provide real information, we would directly abolish the application once it was verified as false info. Also, Walsun will keep this info secret in principle, and a response will be given within one week after the application form is received.