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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:	Web Address:
Hours of Operation:	Tax resale#:
Estimated Initial Purchase Amount:	Estimated Monthly Purchases:
History of Your Company:	
Marketing Plans for Himoto Products:	
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Language de phide househard and the Companion label Land region.	
ragree to ablue by the terms of the Exportpro Int i Ltd. policy.	I confirm that all information contained in this application is ture and accurate.
Owner/ Officer Name:	
Signature:	Date:

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