|  |  |
| --- | --- |
| Company Name / Title |  |
| Company Address |  |
| Company City / District | **Select City** |  | **County Name** |  |
| Company Establishment Date |  |
| Tax Administration |  |
| Tax number |  |
| Workplace m² / Number of Personnel | **Workplace m²** |  | **Number of Personnel: Sales** |  | **Technic** |  | **Total** |  |
| Your Contact Information (insert 10 digits without using 0) | **Business Phone** |  | **Mobile Tel** |  |  |  |  |  |
| Company Representative E-Mail |  |
| Your Experience in the Industry | **0-2 year** | **3-5 year** | **6+10 year** | **10+ year** |
| Manufacturers, if any, for which you are a Dealer / Distributor |  |  |  |  |  |  |  |  |
| Name and Surname of the Person Who Filled out the Form |  |
| Duties of the Person Filling the Form in the Company |  |
| How did you hear about us? |  |
| Why did You Choose Our Company? |  |

**Dealership Application Form File:**