



## Distributor Application Form

### COMPANY INFORMATION

Company Name:	
Address:	
Contact Person:	Title:
Tel:	Fax:
Mobile:	E-mail:
Website:	Tax ID:

### ABOUT YOUR BUSINESS

Sales(Year):	Employee:
Major Items:	Length of Business:      YR    MON
Any Distribution Ship ?:	
Interested Area (State in USA):	
Trade Reference	
Company Name:	Contact Person:
	Telephone:
Company Name:	Contact Person:
	Telephone:
Company Name:	Contact Person:
	Telephone:

Please fill up and send  
 e-mail: [justin@tri-techinc.com](mailto:justin@tri-techinc.com) / Fax: 1-201-567-1033  
 Attn.: Justin Kim

**EXCLUSIVE U.S. DISTRIBUTOR: TRI-TECHNOLOGIES Inc.**

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