

ใบสมัครตัวแทนจำหน่าย (Dealer Application Form)

Business Name (in Thai)				
Business Name (in English)				
Type of Business	<input type="checkbox"/> Public Company Ltd.	<input type="checkbox"/> Company Ltd.	<input type="checkbox"/> Partner Ltd. <input type="checkbox"/> Shop	
Official Business Address				
No	FL.	Moo Ban/Building	Moo	
Soi	Street		Sub District	
District	Province		Postal Code	
Phone No.	Web site		Line ID	
Shipping Address		<input type="checkbox"/> Same as Official Business Address	<input type="checkbox"/> As follows	
No.	FL.	Moo Ban/Building	Moo	
Soi	Street		Sub District	
District	Province		postal code	
Phone No.				
Name list of Company Authorized persons				
(1)	Name	Position		
	Phone No.	Email		
(2)	Name	Position		
	Phone No.	Email		
Staff Information		Total Head count	Sales Technical	
Sale Revenue (M Baht)				
<input type="checkbox"/>	< 1 M Baht	<input type="checkbox"/>	1 - 10 M Baht	
<input type="checkbox"/>	10 - 50 M Baht	<input type="checkbox"/>	50 -100 M Baht	
<input type="checkbox"/>	> 100 M Baht			
Business Operation Model (can select more than one)				
<input type="checkbox"/>	Retail/Shop	<input type="checkbox"/>	Project (SI)	
<input type="checkbox"/>	Installation (Outsource)		<input type="checkbox"/>	Maintenance (MA)
Others pls. details :				
Products / Service (can select more than one)				
<input type="checkbox"/>	CCTV / Security	<input type="checkbox"/>	Network/Server/LAN/WAN	
<input type="checkbox"/>	Computer & peripheral	<input type="checkbox"/>	Electrical Appliances	
<input type="checkbox"/>	Audio Visual & Meeting room			
Others pls. details				
Target Customers (can select more than one)				
<input type="checkbox"/>	Government	<input type="checkbox"/>	Municipal	
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Hotel & Resort	
<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Private person	
<input type="checkbox"/>	Military & Police	<input type="checkbox"/>	Bank & Finance	
<input type="checkbox"/>	Educational	<input type="checkbox"/>	Construction	
<input type="checkbox"/>	Hospital/Health care	<input type="checkbox"/> Others pls. details.....		

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Contact Information

(1)	Managing Director	Name		
	Email		Phone	
(2)	Sale Manager /Director	Name		
	Email		Phone	
(3)	Purchasing Manager /Director	Name		
	Email		Phone	
(4)	Finance & Acc Manager /Director	Name		
	Email		Phone	

Name for listing in Emailing for Sale & Marketing Communication

(1)	Position	Name		
	Email		Phone	

Documents for Application

- | | |
|---|---|
| 1 | Certified Copy of the Commercial Registration (In case of Shop or Sole Proprietorship) |
| 2 | .Certified Copy of the Certificate of Registration ,not more than 6 months before submission date |
| 3 | Certified Copy of VAT Registration Certificate (Por Por 20 or 01) |
| 4 | Map of Office Location of Applicant |
| 5 | Copy of Identification Card of Applicant |

I, on behalf of the merchant/company, the applicant certifies that the information filled in this application form as well as supporting documents are true and allow Digitalcom Co., Ltd. to contact me to promote sales and marketing

Sign (Applicant)		Name
Position	Date	Month Year

- Remark:
- (1) The Applicant shall be one of name list in contact information or his/her deputy/assistance
 - (2) To avoid incompatible in Thai Font (for Thai version application form) Pls. fill in with Microsoft Edge or FireFox Web Browser