PS: Fields marked with * are mandatory. Please complete all before submission.

Global Agency Application Form

Fill out the form below to apply for our distributor cooperation. We will reply within 24 working hours.

Applicant Type *	（Individual / Company）
Full Name *	
Company Name	（N/A for individual applicants）
Country / Region *	
Business Background *	（Industry experience/ Sales channels/Main business direction）
Cooperation Type *	（Personal Reseller / General Distributor / Exclusive Agent / Trial Order）
Contact Email *	
WhatsApp / Phone *	
Remark（Other needs & expected order volume）	

Download the blank PDF form, fill it in, and send it to contact： support@advpower.cn