

<b>Full Trading Name of Applicant</b>	
Limited/Partnership/Sole Trader (please circle one)	Company Registration No.
Full Address	Managing Director's Name
	Reg. Office .
Post Code .	Post Code
Telephone No.	Fax .

Sole Trader or Partnership please complete the following: If a limited company, please supply a Director's name	
<b>Sole Trader/Partner No.1/Director</b>	<b>Partner No.2</b>
Full Name	Full Name .
Home Address	Home Address .
Post Code	Post Code
Telephone No.	Telephone No.

Date Business Established .	Numbers of Employee:	In sales team:
Type of Business	Total sales amount of last year:	
Core products:	Total sales amount in the first year of business:	
The most important trade show	The total sales in quantity of the best selling products:	
The most important competitor	The gross margin of the core products in average:	
The territory market covered	The gross margin of the best selling products in average:	

Trade Ref No. 1	Trade Ref No. 2
Name	Name ..
Address	Address ..
Post Code	Post Code
Tel No	Tel No
Contact	Contact

<b>Terms and Conditions:</b>	
1, The applicant signs and sent this form to CCSMPA. with an intent to formally request CCSMPA initiate the Sales & Marketing Consulting process. 2, CCSMPA will keep all the information in this form strictly confidential and will use it only for its consulting service. 3, By signing and sending the form, the applicant will not pay CCSMPA, neither be bound in any contract with CCSMPA. The content of services and the payment arrangement will be stated in detailed in the CCSMPA Business Consulting Agreement which will be effective upon it signed by both the applicant and CCSMPA. 4, Upon receipt of the signed Sales & Marketing Consulting Application Form, CCSMPA will contact the applicant and provide a Free Survey to start the consulting process that is with some exceptional conditions.	
The Applicant's Full Name	The position in the
Signature of the Applicant	Date
Please fill out the form and email it to <a href="mailto:inquiry@ccsmpa.org">inquiry@ccsmpa.org</a> or fax it to: +1 416 901 0559 and CCSMPA will contact you within	