**Partner Application Form**

* Company Information（ Not required for individual partnerships)

|  |  |  |
| --- | --- | --- |
| Company Name |  | Enter Company Name |
| Company Address |  | Enter Company Address |
| Company Website |  | Enter Company Website |
| Year Established |  | Enter Year Established |
| Primary Business Area |  | Enter Primary Business Area |
| Company Size |  | Number of Employees, Annual Revenue, etc. |

* Contact Information

|  |  |  |
| --- | --- | --- |
| Contact Person Name |  | Enter Contact Person Name |
| Position |  | Enter Position |
| Phone Number |  | Enter Phone Number |
| Email |  | Enter Email |
| Type of Cooperation | [ ]Strategic Cooperation [ ]Technical Cooperation  [ ]Market Promotion  [ ]Channel Cooperation  [ ]Other Please specify | Please check all that apply |
| Cooperation Goals |  | Briefly describe the goals you wish to achieve through cooperation |
| Company Profile |  | Please provide a brief introduction of yourself or your company, including main products and services, market positioning |
| Industry Experience |  | Describe your experience and expertise in relevant industries |
| Company’s Innovation Capability |  | Describe your innovation capabilities and technological advantages |
| Competitive Advantages |  | Explain your competitive advantages and unique aspects in the market |
| Resources and Capabilities |  | Please describe your resources and capabilities, such as technology, market channels, sales networks, etc. |
| Support Needs |  | Describe the support and assistance you hope to receive during the cooperation |
| Company Introduction Materials/Recommendation Letter |  | If available, please attach company profile, case studies, success stories, etc. |