



Distributor Application Form

Please fill the distributor application form and submit with an office's signaturee such as CEO or CFO.All questions must be answered.Please email it to spacegen@ispacegen.com. All information will be treated as confidential.

Business Name:EST Year:.....

Address:.....

City:State:..... Zipcode:.....

Phone Number: Country:.....

Contact Person:.....

Email: Website:

Type of Business:.....

Products and Service Offered:

Numbers of Employees:

Local Sales Tax #:.....

I am interested in distributing:

- Next Generation Sequencing
- PCR
- Digital PCR
- Customization Service

Authorized Signature: Date:

Print Name: Title:

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