

## Distributor Partnership Application Form

**Thank you for your interest in becoming an authorized distributor.**

Please complete the form below to help us understand your business and market potential. All information will be kept strictly confidential.

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### 1. Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/WhatsApp: \_\_\_\_\_

### 2. Company Legal Name:

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### 3. Country/Region of Operation:

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### 4. Years in Business:

- 1-3 years
- 3-5 years
- 5-10 years
- 10+ years

5. **Do you have warehouse for heavy-duty parts?**

Yes

No

6. **Current Annual Sales in Truck Parts (USD):**

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7. **Major Parts Brands Currently Distributed:**

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8. **What are your sales objectives for Year 1?**

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## **Submission & Next Steps**

Please email this completed form to [info@multistar-parts.com](mailto:info@multistar-parts.com)

Our partnership team will review your application and contact you within **2 business days**.

For urgent inquiries, call: **[+86 19137482262 ]**