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| **Application Form** |
| **Basic Information** |
| Lab Name |  | Country |  |
| Province/State |  | City |  |
| Address |  |
|  |
| Number of Employees |  |
| Quantity of milling machines in your lab |  | Quantity of zirconia consumption(monthly) |  |
| Experience on using BSM product |
| □only equipment □only material □both material&equipment □neither |
| Interested on (which product)： |
| **Contact Information** |
| Contact Name |  | Tel |  |
| Mobile |  | Email |  |
| WhatsApp |  |
| **Other Information** |
| Where did you get to know this project? |
| □BSM distributor □Social media □Website □BSM Sales □Other:  |
| BSM Distributor Name |  |  |  |
| BSM Sales Name(By BSM) |  |  |  |
| \*Please send the application form to: marketing@cdbesmile.com after completing it. |

**BSM AUTHORISED DIGITALPRO LAB**