|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**