

# Hoist Agent Application Form

Date:

## Company Information

Company name:

City / Country:

Number of Employees:

Industry:

Your product:

Email Address:

Telephone:

Mobile:

Address:

Website:

## What resource do you have ?

## Your understanding of the local market

## What kind of support do you need?

### Tips:

When you finished the form, please save and send it to [sales@craneskit.com](mailto:sales@craneskit.com), we will check and reply your application within 24 hours.

Send Application