



**Sichuan International Commodity  
Exhibition Center**

**Application Forms for Products Display**

Page \_\_\_

Duration: 6 months

Venue: World Trade Center, Shaocheng  
Building, No.23, Shaocheng Rd., Qingyang  
District, Chengdu, Sichuan, China

Contact:  
TEL/FAX:  
86-28-61963056

**Company Profile**

Ownership category  State-owned  Collective owned  Joint-stock  Joint-stock  
 Sole Proprietorship  private  Others Please specify \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_

Contact Person	Position
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Tel	Fax
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Mob	Email
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**Nature of Business**

Manufacturer  Exporter  Importer  Agent  Wholesaler  Retailer  
 Service Sector  Association/Organization  Others Please specify \_\_\_\_\_

No. Of Employees	Date of Establishment
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Current markets \_\_\_\_\_

To-be-developed market \_\_\_\_\_

**Company Brief Introduction**

\* (Require to be Presented As attachment)

Type of Application:  Local Make  Local Brand  Local Design  
 Others Please specify \_\_\_\_\_

Is your company a member of any local association/Organization?  
 Yes (please specify) \_\_\_\_\_  No

Do you agree to advertise your contact information on CCPIT's website and publications? :  
 Yes  No

Company Chop and Authorized Signature:

Date: dd/ mm/ yy

T.to..



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Exhibit Information (An individual application form should be submitted for each product. Please photocopy this page as necessary)

Brand Name

Item Name

Product Type

Product Introduction

\* (require to be presented as attachment: documents or brochures)

Place of product  
available for sale

Awards earned  
by the product  Yes (please specify) \_\_\_\_\_  
 No

Photo

\* (require to be presented as attachment, each not exceed 2MB)

\* I/we declare that all the information filled-in above is true.

Company Chop and Authorized Signature:

Date:                      dd/        mm/        yy

Information above refers to Product No. \_\_\_\_.

Total number of products intended for exhibition: \_\_\_\_

**FOR OFFICIAL USE ONLY**

Reference No.		Received by:	
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