**GUANGYI COMPANY LTD**

**CUSTOMER REGISTRATION FORM**

\* Please check the appropriate box.

1. **Customer Type:** 🞏 Business Customer 🞏 Individual Customer
2. **Your Information**

Company/Store Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you are an individual customer, please ignore this item.)

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salutation: 🞏 Mr. 🞏 Ms.

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WhatsApp/WeChat ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Types of Business Activities**

🞏 Trading of used mobile phones (e.g., 7 or 14 Days Carrier Return Stock)

🞏 Trading of Brand New Seal pack/CPO Mobile Phones

🞏 Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Purchase Volume**

🞏 Wholesale (20-30 pieces per model or above) 🞏 Retail quantity (below 10 pieces per model)

1. **Your Purchase Information**

Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Payment Method**

Payment Term: Cash, cheque, bank transfer and TT in US$, Euro and HK$ only.  
PayPal, Credit Card, Western Union and other payment methods not accepted.   
Do you accept our payment method? 🞏 Yes 🞏 No

By which payment method above will you pay to our company?

🞏 Cash 🞏 Cheque 🞏 Bank transfer 🞏 TT

1. **Trade Term**

FOB Hong Kong. Do you accept it? 🞏 Yes 🞏 No

1. **Customer Commitment**

🞏 I 🞏 My store 🞏 My company commit not to wholesale, only sell mobile phones to end users or for personal use, and do not provide hardware replacement or repair services.

🞏 Agree to make this commitment 🞏 Disagree to make this commitment

Signature of customer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer registration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_