



BUSINESS PARTNER APPLICATION FORM

Full Business Name of Company:
.....

Address:
.....

Tax Number / Office -

Contact Information of Surgate Labs' Representative:

Name-Surname:

Phone Number:

E-Mail:

Company's Official Website: http://

The type of the business partnership application:
(Business Partner, Solution Partner, Strategic Partner)

Reference:

Company Name:

Responsible Manager:

Phone:

Bank Name: (Branch) /

Swift / Iban Number

Account Number:

I confirm the above information is correct and complete.

Authorized
Name-Surname, Status, Stamp-Signature