

Product Outsourcing.

Thank you very much for contacting DNE. Please fill up the form accordingly and send it to us. We assure you 100 % strict confidentiality. No information, project details or personnel names will be revealed. Gives us three working days to understand your requirements and reply you.

Fill in the Blanks.

(Company information) Table 1

Name of Company		Remark
Business License No-		
Registered At		(City / State / Province / Country)
Company Type		LTD, Inc etc.
Address 1		(Mailing address and official contact details of company)
City		
Country		
Phone		
Email		
Web page		
Owner / CEO / Director		(Contact Person Details)
Job Title		
Email		
Phone		

Product details.

(Product Information) Table 2

Name of Company		Give us details.
Name of Product		
Uses		
Target Price		
Quantity		
Payment terms		

(Please submit at least two clear and color photograph for each product (s) along with specification)

(Contact Information) Table 3

Authorized Person		
Job Title		
Email		
Phone		

Tell us as much as possible. Send us pictures; video or web links if you have. The more we know about your requirement the better we can assist you.