

Date: _____

Inquiry Form

Your Name	<input type="checkbox"/> Agent		
Your Contact Information			
TEL		FAX	
E-Mail			
Name of the Organization			
Location of the Organization			
Main Products or Services You Provide			
Your Inquiry			
Reason for Your Inquiry			

Note: The above information will be handled according to the law concerning the disclosure of information held by administrative agencies. We will not disclose anything that may harm the rights of corporations or individuals, the competitive position and other legitimate interests.