# Yealink Technology Partners Program

Application Form

Yealink Technology Partner (**\*** =Required)

Your Email\*



First Name\*



Last Name\*



Title



Company Name\*



Web Address\*



City\*



Country



State/Province\*



Postal Code



Phone Number (Contact Person) \*



Phone Number (Company)\*



Please introduce your company briefly.



Which brands of IP Phone that your server supports now?



Which model you want to support?



What is your test plan to finish the integration?



Have you ever purchased Yealink products from Yealink distributors? **Yes** **No**

[ ]  **I have read and consented all the information of Yealink Technology Partners Program, and will take the benefits as well as the responsibilities from this Program**\*

**After completing the form, please send it to** **support@yealink.com**

**Thank you very much for your interest in cooperating with Yealink!**