



新意網絡顧問有限公司

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myERP Trial Form

Company Name : _____

Industry Type : _____

Business Registration No : _____

Address : _____

Contact Person : _____

Position : _____

Email : _____

Phone : _____

Fax : _____

The trial will be valid for a 14 days period. Please fill out your contact details and send us with your company's Business Registration copy.

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