

GWM Technical Information System Registration Form

Organization Type	
a. Independent repairer b. Tool manufacturer c. Publisher of technical information d. Individual consumer	What type of organization is it for your business?

Business Information	
The name of the legal entity of your business	
The legal registered address of your business	
VAT number	
Payment account ID	

Single Site Registration	
The physical premises address	
The personal name of the Legal Representative	
The email address of the Legal Representative	

Employee Registration or Individual Consumer Registration	
The personal name	Employee & Individual Consumer
The personal email	Employee & Individual Consumer
Region	Individual Consumer
Country	Individual Consumer
Payment account ID	Individual Consumer

What kind of service is going to be subscribed?	
a. General Repair and Maintenance Information b. Diagnostic Tool Engineering c. Programming and Diagnostic Environment	What kind of service would you like?

Diagnostic Equipment Purchasing	
You do not have diagnostic equipment	Whom and where is the equipment going to be sent to? (Your name, telephone number, and delivery address)
You already have diagnostic equipment	What is the SN on your Smart Box (VCI)?

I certify that I have read and agree to: "[Imprint](#)".