附件2：

中小企业智改数转网联服务机构申请汇总表

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **企业名称** | **服务类别** | **主要服务产品** | **联系人** | **联系电话** | **电子邮件** |
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备注：服务类别按照通知正文“（二）征集服务能力类别”列举的类别填写，填“其他”类别的，请具体注明从事方