



Your Reliable Source



Please be thorough in your responses to speed the process

Distributor Application Form

Company Name: _____ Phone: _____

Contact Person: _____ email: _____

Address 1 _____ Address 2 _____

City _____ State _____ Country _____ ZIP or Postal Code _____

Business Size number of employees (circle one) : Fax #: _____

1 to 5 6 to 10 11 to 25 26 to 50 51 to 100 101 to 250 251 to 500 500+

Number of Outside Sales People employees or representative network (circle one) :

1 to 5 6 to 10 11 to 25 26 to 50 51 to 100 101 to 250 251 to 500 500+

Inside Sales People (Circle one): 1 to 5 6 to 10 11 to 25 26 to 50 51+

Geographical Coverage (list all relevant states, regions or countries with people on the ground)

Medical Segments with Specialized Focus (list all specialized segments) _____

Describe Your Target Customer Base and Their Needs _____

Top 3 Customer types 1 _____ 2 _____ 3 _____

Please Describe Your Business Objectives and Level of Commitment to Our Product Line:

Signature _____ Date _____
Name _____ Title _____