



DISTRIBUTOR BACKGROUND INFORMATION SHEET

Please type or print

Company Name:

Address City Country

Telephone # Fax # E-mail Web Site

President/Owner Year Established

Bank Name & Address Contact Name

Bank Account # Telephone # Fax #

DENTAL VENDOR REFERENCES:

1) Company Name Address City State

Contact Name Telephone # Fax # E-mail address

2) Company Name Address City State

Contact Name Telephone # Fax # E-mail address

3) Company Name Address City State

Contact Name Telephone # Fax # E-mail address

MARKETING INFORMATION

1) How do you promote products you import? _____ Direct to Dentist _____ Through Sales Reps
_____ To Other Dental Companies _____ Other, Please Explain: _____

2) You are an: _____ Agent _____ Wholesaler _____ Dealer _____

3) Into which countries do you export? _____

4) How many branches/offices do you have? _____
If more than one, list locations: _____

5) Describe your expected sales strategy for our products: _____

I certify the above information is correct: _____
Signature Printed Name