

DISTRIBUTOR APPLICATION

Company Name:

Date:

Address:

Contact:

Phone:

Fax:

Representative Company Information

1. When was your company founded?
2. Are you a corporation (include state and date of incorporation), a partnership or a sole proprietorship?
3. Briefly describe the primary product and market specialization of your business. i.e. What % of business (approximated) would be allocated to human vs. veterinary? Briefly describe your experience in these areas (Please forward all company product catalogs and brochures)
4. How many offices do you have and what are their locations?
5. How many people are employed by your company?
6. What is the size of your sales force? Please specify number of outside sales and number of inside sales representatives?
7. Please provide the names for the following:
President:
Sales Manager:

Accounting manager:

Accounts payable contact:

8. Please list any products you currently manufacture. Are they being sold or distributed by any other companies?
9. Please list the manufacturers, address, phone number, contact name, and product lines you currently distribute. (please mark the United states manufacturers with *). May we contact them for a reference on your firm?
10. What are your top (3) products sold?
11. What is the general business of your customers?
12. Do you currently carry any of our competitors' products, or have you done so in the past? If so, please list.
13. What percent of the market share do you have for these product lines?
14. What were your annual sales for the last year and what are your projections for the current year?

Marketing efforts

1. What marketing plans do you have for Hymed products? Please list your target market.
2. Do you make sales forecasts? How often?
3. Do you conduct market surveys for your present manufacturers?
4. What type of promotional strategies do you plan to implement in regards to Hymed's product line?

Sales Promotion

1. Do you have a company newsletter? If so how often does it come out?
2. Which tradeshow do you attend for your current product lines?
3. What type of promotions do you have at these shows?
4. What other means do you use for sales promotions/advertising?
5. How often do you visit your customers?
6. Do you offer customer training? If so, what type?
7. What type of technical support do you offer?

Interest in Hymed products

1. What geographic territories are you requesting for distributorship?
2. Do you want to market Hymed's product line(s) under Hymed's trade label or your own private label?
3. What products are you requesting for distributorship?
4. What annual volume, in units, are you planning to purchase from our company? Under what terms can you guarantee sales?
5. How did you hear about our company?
6. Why do you feel Hymed should select your company for a distributorship?
7. What type of technical support or training do you expect from Hymed?

8. Please send pertinent information that you feel will assist us in evaluating your company for a Distributor agreement. Please send via scan (email) or mail, a current catalog and any other promotional material currently used.

Credit information

1. Please list bank references:

Name

Address

Phone

Fax

Account

2. What is your Federal ID number?

3. Please list trade references. (include company name, address, phone, fax, and account numbers for four trade references)

This form may be filled out, printed and faxed back to 610-691-5930. Or you can answer questions here and send back as pdf file to hymed@hymed.com (please call and ask for Anita to confirm receipt of email). Thank you again for your interest in Hymed®.