NEW DISTRIBUTOR APPLICATION FORM

Please make sure to answer all the questions as accurately as possible in order for us to properly assess a potential distributorship with your company.

Name/title: _____ Date: _____

COMPANY & MARKET OVERVIEW

Company name: _____

Company address: _____

City: _____ State: _____ ZIP code: _____

Mailing address (if different from above): _____

COMMISSIONS PAYABLE NAME: _____

Address: _____

Office manager: _____

Phone: _____

Email: _____

NAMES OF KEY PERSONNEL & NUMBER OF YEARS WITH THE COMPANY

Managing Director/General Manager: _____

Director of Sales: _____

Director of Marketing: _____

Customer Service Director: _____

Email: _____ Fax: _____

Website: _____

Country: _____ Phone: _____ Mobile: _____

Tax ID #: _____

Logistics Director: _____

Finance Director: _____

Sales Rep(s): _____

What year did your company begin operations? _____

What geographic territory can your company support? _____

Please provide a brief history of your company: _____

_____

_____

Please provide the following information about your business:

	2014	2015	2016
Annual Revenue (in U.S.$)			
Annual Sales (in U.S.$)			
Number of Employees			
Number of Direct/ Indirect Salespeople			

Please list all companies for which you are currently an authorized distributor: _____

_____

_____

_____

What products are you currently selling? _____

_____

_____

What Met One Technologies products are you interested in selling? _____

_____

_____

How will you market and advertise Met One Technologies products should you become a Met One Technologies distributor? _____

_____

How many surgeons are in your network? _____

_____

_____

How did you hear about Met One Technologies?

_____

_____

INDUSTRY REFERENCES

Please provide two references we may contact.

REFERENCE #1

Company name: _____
Address: _____
Phone: _____
Fax: _____
Contact name: _____

REFERENCE #2

Company name: _____
Address: _____
Phone: _____
Fax: _____
Contact name: _____

PLEASE EITHER FAX COMPLETED APPLICATION FORM AND W-9 TO 915.301.0834, OR EMAIL TO INFO@MET1TECH.COM.