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DISTRIBUTOR APPLICATION FORM – CONFIDENTIAL

Dear Customer,

Thank you for your interest to distribute our products in your region. For a possible cooperation, it is useful for us to learn more about your company. For this, please answer the following questions as detailed as possible.

1. Company: _____
Homepage address: _____

2. Address: _____

3. Contact person: _____ Position/Title: _____
Phone: _____ Fax: _____
E-Mail: _____

4. Briefly describe your company/business: _____

5. Total employees: _____
Total sales people: _____
Total service people: _____

6. Sales volume in 2004 (€): _____
Sales volume in 2005 (€): _____
Sales volume in 2006 (€): _____

7. Which geographical markets are currently served by our company: _____



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8. Form of Organisation (private, public), please specify: _____

9. On which medical field is your company focusing: _____

10. Is your company already experienced with endoscopic systems and video systems (light source, camera, capture device, monitor, Endoscopes)? If so, please specify:

11. In which geographical markets would you like to sell our products? _____

12. Who are the major competitors in your market?

Company:

Product:

Price in € of competitive products:

13. How big is your target market for these products you are interested in for distribution (quantity/€)?

14. What could be your forecast for the first 12 months, if selling our products? _____



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15. Please list names of other companies and product lines which are currently distributed by your company:

Company	Product	Country	Sales Volume (€)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Marketing activities of your company:

Shows,
 Congresses:

Mailings:

Internet-Marketing:

Others:

17. References

Company	Contact Person	Phone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Bank references

Bank	Contact Person	Phone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

