



## DISTRIBUTOR APPLICATION

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

Website url: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please answer the following as completely as you can, then fax or e-mail this form to the Director of Sales and Marketing at Datrend Systems Inc. at (+1) 604-294-2355 or mktg@datrend.com.

1) How long has your company been in business? \_\_\_\_\_

2) Number of employees? \_\_\_\_\_ Number of sales staff that will work with Datrend products? \_\_\_\_\_

3)  Sole Proprietorship  Corporation  Limited Liability Company or Partnership  Other: \_\_\_\_\_

4)  Privately Owned  Publicly Traded Stock Symbol (if publicly held): \_\_\_\_\_

5) Primary contact for our products: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

e-mail address: \_\_\_\_\_

6) What is your company's current primary business focus and what products do you currently sell?

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7) Are you currently calling on hospital biomedical engineering departments? If so, what products are you selling to them?

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8) What was your company's gross sales volume for all products sold last year? \_\_\_\_\_

9) What sales territory would you like to have for our products?

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10) What annual sales do you anticipate or intend to target for this territory relative to Datrend products?

Initial year: \_\_\_\_\_

Year #2: \_\_\_\_\_

Year #3: \_\_\_\_\_

Year #4: \_\_\_\_\_

Year #5: \_\_\_\_\_

11) How do you plan to market Datrend products? What will be your strategic and tactical approaches to your customer base relative to Datrend products?

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12) Are you willing to purchase sales demonstration equipment if/when you become a Datrend Systems distributor? \_\_\_\_\_

13) Please provide at least three business references (companies you are currently selling product for):

Company #1: \_\_\_\_\_ Doing business since (year): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Credit/payment terms: \_\_\_\_\_

Contact person: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Description of products sold: \_\_\_\_\_

Company #2: \_\_\_\_\_ Doing business since (year): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Credit/payment terms: \_\_\_\_\_

Contact person: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Description of products sold: \_\_\_\_\_

Company #3: \_\_\_\_\_ Doing business since (year): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Credit/payment terms: \_\_\_\_\_

Contact person: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Description of products sold: \_\_\_\_\_

