



Dexcowin Global Inc.

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## Distributor Application Form

1. Company name (please provide details in regards to the legal status of the company such as 'Inc., Corporation' etc.):
2. Address:
  - A. Street:
  - B. City:
  - C. State (if applicable)
  - D. Zip code:
3. Phone Number:
4. Fax Number:
5. E-mail:
6. Website:
7. First and last name of the person in charge:
8. Tax Identification Number:
9. Brief Company Profile
  - A. NUMBER OF YEARS OF OPERATION:
  - B. NUMBER OF SALES REPRESENTATIVES WHO WILL BE DEDICATED TO SELLING X-RAY EQUIPMENT
  - C. TOP THREE PRODUCTS WITH THE HIGHEST SALES OVER THE PAST THREE YEARS
  - D. IN WHICH STATES DO YOU OPERATE OR CONDUCT BUSINESS (if applicable)?
  - E. TOTAL SALES REVENUE OVER THE PAST THREE YEARS
  - F. WHICH STATE HAS THE HIGHEST NUMBER OF SALES (if applicable)?
10. Most interesting Dexcowin products to distribute:
11. Please provide us with a brief description of the business plan that will be implemented upon working with Dexcowin (e.g., Sales plan, target revenue, etc.)
12. Applicant's Name, Job Title, and Signature

\*\*\*Upon completing the application, please send it to [info@dexcowin.com](mailto:info@dexcowin.com).