

Distributor Application Form

- 1. Adress: Company name (give particulars of legal status such as "Limited, Corporation" etc.):
- 2. Street:
- 3. City:
- 4. Sate & Zip code:
- 5. Phone:
- 6. Fax:
- 7. E-mail:
- 8. Web page :
- 9. Managing Director information: (please give first and last name)
- 10. Tax identification number:
- 11. Company profile
 - A. YEARS IN BUSINESS:
 - B. HOW MANY SALES REPRESENTATIVES TO BE DEDICATED TO X-RAY EQUIPMENT SALES?
 - C. TOP THREE MAJOR PRODUCTS SALES DURING THE PAST THREE YEARS.
 - D. WHICH STATES DO YOU COVER OR ARE RUNING BUSINESS?
 - E. TOTAL SALES REVENUE DURING THE PAST THREE YEARS
 - F. WHICH STATE IS THE MOST SALES MADE IN?
- 12. Most interesting products to sell Dexcowin's ones
- Please tell us your brief business plan for Dexcowin : 3 Years sales plan(Revenue Target of Dexcowin Buiness)

14. Name of person making this application / Title / Signature