



Please type or print

Company Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

President/Owner \_\_\_\_\_ Year Established \_\_\_\_\_

Bank Name & Address \_\_\_\_\_ Contact Name \_\_\_\_\_

Bank Account # \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**DENTAL VENDOR REFERENCES:**

1) Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_

2) Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_

3) Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_

**MARKETING INFORMATION**

1) How do you promote products you import? \_\_\_\_\_ Direct to Dentist \_\_\_\_\_ Through Sales Reps \_\_\_\_\_  
\_\_\_\_\_ To Other Dental Companies \_\_\_\_\_ Other, Please Explain: \_\_\_\_\_

2) You are an: \_\_\_\_\_ Agent \_\_\_\_\_ Wholesaler \_\_\_\_\_ Dealer \_\_\_\_\_

3) Into which countries do you export? \_\_\_\_\_

4) How many branches/offices do you have? \_\_\_\_\_  
If more than one, list locations: \_\_\_\_\_

5) Describe your expected sales strategy for our products: \_\_\_\_\_

I certify the above information is correct: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Return immediately by fax (770) 423-4996 or international email to sales@microcopyintl.com.