



**Sales Agency / Distributor Application Form**

**Fax: 805-384-2792**

Business Name \_\_\_\_\_

Business Legal Entity \_\_\_\_\_

Correspondence Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

1. Length of time operating under the above named business. \_\_\_\_\_

2. Length of time at above address. \_\_\_\_\_

Number of branch offices operated under the above named business and the locations.

\_\_\_\_\_

4. Number of sales people: \_\_\_\_\_ full - time \_\_\_\_\_ part - time  
(attach map or listing of rep names and residence locations)

Are the sales people direct for your organization Yes \_\_\_\_\_ No \_\_\_\_\_

5. Provide a detailed description of the geographic territory you seek for Kinamed products:

\_\_\_\_\_

\_\_\_\_\_

5. Number of office support/training personnel: \_\_\_\_\_ full - time \_\_\_\_\_ part – time

6. List all products you currently represent (attach a copy for each sub-rep if applicable):

Manufacturer	Product Lines	Territory Covered	Years Sold

7. In what specialty areas are the physicians you call on? \_\_\_\_\_

\_\_\_\_\_

8. What are the geographic locations of your sales representatives (hometowns)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Major teaching institutions/medical centers and leading clinicians your organization has dealings with.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Give a brief history of your organization's experience in the medical industry?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Give a brief explanation of your general sales and marketing strategy in your market areas. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide at least two business references.

Name	Address	Phone #	Years Known

13. Please provide at least two physician references.

Name	Address	Phone #	Years Known

14. Please provide a bank reference.

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. In the event that an agency or distributor agreement is entered, I understand that false or misleading information given in my application or interviews may result in immediate termination of my agreement. I agree to hold in confidence all materials provided to me by Kinamed, Inc. until such time as an agency agreement between Kinamed and myself is established.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title