



Distributor / Sales Agent Application Form - Part A

To be considered for a Kinamed sales agency, please provide complete and detailed answers to the following questions and return your completed application to contact@kinamed.com.

Name _____

Business Name _____

Business Legal Entity _____

Correspondence Address _____

Telephone Number _____ FAX Number _____

E-mail Address _____ Website: _____

1. Years of Experience in Medical Device Sales _____

2. Length of time operating under the above named business. _____

3. Length of time at above address. _____

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

5. Number of sales people: _____ full - time _____ part - time

Are the sales representatives listed above exclusive to your organization (Yes _____ No _____)

Are they employees (Yes _____ No _____) or independent contractors (Yes _____ No _____)

How many years of experience do these sales representatives have? _____

Number of office support/training personnel: _____ full - time _____ part – time

6. Why are you interested in representing Kinamed products? _____

7. What Kinamed products are of most interest to you and why? _____

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

PART A: Initial Application

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

Manufacturer	Product Lines	Territory Covered	Years Sold

10. Does any of the above mentioned manufacturers represent more than 80% of your organization's total annual revenue? _____

11. What was your organizations total sales in the last 12 months? _____

12. In what specialty areas are the physicians you call on? _____

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

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

15. Give a brief history of your organization's experience in the medical device industry.

16. Give a brief explanation of your general sales and marketing strategy in your market areas.

PART A: Initial Application

17. Please provide at least three business references.

Name	Address	Phone #	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Please provide at least three physician references.

Name	Address	Phone #	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Please provide a bank reference.

Branch Name: _____

Address: _____

Phone Number: _____ Contact: _____

Fax Number: _____

20. How were you referred to Kinamed?

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 or distributor agreement between Kinamed and myself is established.

Signature of Applicant (type your name above to indicate an e-signature) Date

Print Name & Title