



## **Sales Agent Application Form**

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](mailto:contact@kinamed.com).

Name \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Years of Experience in Medical Device Sales \_\_\_\_\_

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

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

Number of sales people: full-time \_\_\_\_\_ part-time \_\_\_\_\_

How many are employees \_\_\_\_\_ vs Independent contractors \_\_\_\_\_

Sales Rep Locations: \_\_\_\_\_

Sales representatives Years of Experience \_\_\_\_\_

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

How were you referred to Kinamed? \_\_\_\_\_

Why are you interested in representing Kinamed products? \_\_\_\_\_

What Kinamed products are of most interest to you and why? \_\_\_\_\_

Detailed description of the geographic territory you seek for Kinamed products: \_\_\_\_\_

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

Manufacturer	Product Lines	Territory Covered	Years Sold

Do any of the above represent more than 80% of your organization's total annual revenue? \_\_\_\_\_

If yes, which: \_\_\_\_\_



Your Organization's total sales in the last 12 months: \_\_\_\_\_

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

Brief history of your organization's experience in the medical device industry.

Brief explanation of your general sales and marketing strategy in your market areas.

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

Three business references.

Name	Address	Phone #	Years Known
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Three physician references.

Name	Address	Phone #	Years Known
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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