

PLEASE PRINT CLEARLY

**BIOMED DIAGNOSTICS
DISTRIBUTOR APPLICATION**

Date: _____

Name of Firm: _____

Address: _____

Shipping Address (if different): _____

Email Address: _____

Telephone: _____ Fax: _____

Contact Person: _____ Job Title: _____

Years in Business: _____ Number of Offices: _____

Market: Veterinary Human Clinical Industrial Environmental

of Staff: Field Sales _____ Inside Sales _____ Technical/Product Support _____

Sales Territory: _____

Annual Sales (U.S. Dollar): _____

BioMed Products Interested in Distributing:

List 4 Credit/Customer References (Name/Address/Email/Phone/Fax):

List 4 Companies who you distribute products for and what the products are. Please include their Address, Email, Phone, Fax and Contact Person. May we contact them as a reference for your company?

Company support that you expect from BioMed: _____

Does BioMed need to train your sales staff? yes no

List 3 Business references (include Company Name/Contact/Phone/Email/Fax) that we can contact:

What do you project the sales dollars of BioMed Diagnostics products to be from your company?

Accounts Payable Contact: _____

Phone: _____ Fax: _____

Email: _____

Federal Tax Identification Number: _____

If Tax Exempt, Reseller ID#: _____

Comments: _____

If you have any questions please contact BioMed Diagnostics, Inc.

E-Mail: info@biomeddiagnostics.com

Phone: (541) 830-3000

PLEASE FAX COMPLETED FORM TO: (541)830-3001