Business Partner Application Form

Becoming our sales partner will increase your opportunities in the future. We would appreciate having an idea about your company for our review.

Company			
Year Founded		*Number of Employees*	
First Name		*Last Name*	
Title		*Position*	
Email		*Website*	
Street		*Number*	
City		*Zip Code*	
Country		*Phone*	
Fax			

How would you categorize your company?

- ☐ Reseller
- ☐ Manufacturer
- ☐ Independent

Which customer categories do you generate business from?

- ☐ End User Dealers
- ☐ Private
- ☐ Government
- ☐ Others

Which specialty are you targeting in yo

- ☐ Dialysis
- ☐ Electro physiology
- ☐ Interventional Radiologist
- ☐ Orthopedic
- ☐ Urology
- ☐ Other – Please Specify _____

How many sales people (inside sales/field sales) are in your organization?

How many sales people will be dedicated to our products?

How many locations does your company have?

☐ If more than one, please give details: _____

Do you offer any of below services?

- ☐ Repair
- ☐ Measurement
- ☐ Calibration
- ☐ Maintenance/installation
- ☐ Accreditation services

Do you sell Radiology and imaging solutions?

- ☐ Yes if Yes, from which company? _____
- ☐ No
- ☐ Planning to

Do you sell X-Ray Protection solutions?

- ☐ Yes if Yes, from which company? _____
- ☐ No
- ☐ Planning to

What product categories does your company represent?

What manufacturers of medical solutions do you represent?

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–
–
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What tradeshow(s) did you attend recently as an exhibitor?

Do you advertise? Which publications?

Do you have a demo area where you show your products?

- ☐ *Yes*
- ☐ *No*

Are you willing to buy demo items to be used in the day to day promotional activities?

- ☐ *Yes*
- ☐ *No*

Thank you for your interest! You will be contacted as soon as possible