



Bringing quality to life.

# Distributor Information

Please print or type all information (in English) and fax back to **(902) 422-0798**.

Attach additional information if needed. You may wish to provide the requested information separately.

## 1. COMPANY INFORMATION:

Company Name: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

President/Director/Owner: \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

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

Email / Web Site: \_\_\_\_\_

Location of Branches (attach names and addresses of branches or subsidiaries and indicate if they are separate companies, corporations or operate under different names from the above):

\_\_\_\_\_  
\_\_\_\_\_

## 2. TYPE OF BUSINESS:

Describe the type of business (check all that apply):

**A. Catalogue / mail order**      **Yes** \_\_      **No** \_\_

- Who receives the catalogues? (specify more details if appropriate)

- End user / consumer      \_\_\_\_\_
- Hospitals      \_\_\_\_\_
- Medical professionals      \_\_\_\_\_
- Rehab Centres      \_\_\_\_\_
- Retail      \_\_\_\_\_
- E-Commerce      \_\_\_\_\_
- Home Medical Equipment Provider      \_\_\_\_\_
- Other      \_\_\_\_\_

Please specify: \_\_\_\_\_

- Size of circulation: \_\_\_\_\_
- Number of pages: \_\_\_\_\_
- # Publications / year: \_\_\_\_\_
- Catalogue is circulated:
  - Nationally (include all countries)
 

\_\_\_\_\_

\_\_\_\_\_
  - Regionally (describe main regions)
 

\_\_\_\_\_

\_\_\_\_\_

**B. Wholesale**                      **Yes** \_\_                      **No** \_\_

- Type of customers:
  - End user / Consumer                      \_\_
  - Hospitals                                      \_\_
  - Medical professionals                      \_\_
  - Rehab Centres                                \_\_
  - Retail    \_\_
  - E-Commerce                                    \_\_
  - Catalogue                                      \_\_
  - Home Medical Equipment Provider      \_\_
  - Other    \_\_

Please specify: \_\_\_\_\_
- Number of distribution centres \_\_\_\_\_
- Number of employees \_\_\_\_\_
- My customers are located:
  - Nationally (include all countries)
    - \_\_\_\_\_
    - \_\_\_\_\_
  - Regionally (describe main regions)
    - \_\_\_\_\_
    - \_\_\_\_\_

**C. Home Medical Equipment outlets**   **Yes** \_\_                      **No** \_\_

- Type of customers:
  - End user / consumer                      \_\_
  - Hospitals                                      \_\_
  - Medical professionals                      \_\_
  - Rehab Centres                                \_\_
  - Retail    \_\_
  - E-Commerce                                    \_\_
  - Catalogue                                      \_\_
  - Other    \_\_

Please specify: \_\_\_\_\_
- Total number of employees: \_\_\_\_\_
- Number of locations: \_\_\_\_\_
- My stores are located:
  - Nationally (include all countries)
    - \_\_\_\_\_
    - \_\_\_\_\_
  - Regionally (describe main regions)
    - \_\_\_\_\_
    - \_\_\_\_\_

**D. Manufacturer**                      **Yes** \_\_\_                      **No** \_\_\_

- Type of customers:
  - End user / Consumer \_\_\_\_\_
  - Hospitals \_\_\_\_\_
  - Medical professionals \_\_\_\_\_
  - Rehab Centres \_\_\_\_\_
  - Retail \_\_\_\_\_
  - E-Commerce \_\_\_\_\_
  - Catalogue \_\_\_\_\_
  - Home Medical Equipment Provider \_\_\_\_\_
  - Other \_\_\_\_\_
  - Please specify: \_\_\_\_\_
- Are you looking to expand your product line? If yes, list \_\_\_\_\_  
\_\_\_\_\_
- Number of products manufactured \_\_\_\_\_
- Types of products manufactured \_\_\_\_\_
- My customers are located:
  - Nationally (include all countries)  
\_\_\_\_\_
  - Regionally (describe main regions)  
\_\_\_\_\_  
\_\_\_\_\_

**E. Other**                                      **Yes** \_\_\_                      **No** \_\_\_                      **Specify:** \_\_\_\_\_

- Type of customers:
- End user / Consumer \_\_\_\_\_
  - Hospitals \_\_\_\_\_
  - Medical professionals \_\_\_\_\_
  - Rehab Centres \_\_\_\_\_
  - Retail \_\_\_\_\_
  - E-Commerce \_\_\_\_\_
  - Catalogue \_\_\_\_\_
  - Home Medical Equipment Providers \_\_\_\_\_
  - Manufacturers \_\_\_\_\_
  - Other \_\_\_\_\_
  - Please specify: \_\_\_\_\_

Please describe your type of business if different from above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. PRODUCTS DISTRIBUTED**

a. Do the markets covered apply to all product lines represented by the company?

Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain.

b. List the three largest product lines represented and indicate manufacturer name and country.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**4. MARKETING/SALES:**

- a. Number of sales people: \_\_\_\_\_
- b. Do you advertise the products you represent? Yes \_\_\_\_ No \_\_\_\_ . Please specify the type of advertising you use:

c. Will you actively advertise and promote our product line? If so, please specify the media you recommend and the estimated annual cost:

d. What trade fairs do you recommend for participation?

**5. ADDITIONAL INFORMATION:**

Discuss any special services or features of your company not mentioned above that you feel are relevant:

Form completed by:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_