

**SURGMED DISTRIBUTOR REQUEST PROFILE**  
**-Confidential-**  
**3 Pages**

Attention.: \_\_\_\_\_

Date: \_\_\_\_\_

*Which company is this application for? (Select only one)*

- Batrik Medical Manufacturing Inc.**       **Imperial Surgical Ltd.**
- Advanced Surgi-Pharm Inc.**

**1. COMPANY INFORMATION**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL(ZIP) CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

**1A. CONTACT INFORMATION**

PRESIDENT / GENERAL MANAGER \_\_\_\_\_ **Email:** \_\_\_\_\_

PRODUCT MANAGER \_\_\_\_\_ **Email:** \_\_\_\_\_

SALES MANAGER \_\_\_\_\_ **Email:** \_\_\_\_\_

PURCHASING \_\_\_\_\_ **Email:** \_\_\_\_\_

OUR PRIMARY CONTACT REGARDING THIS APPLICATION \_\_\_\_\_

**Email:** \_\_\_\_\_

YEAR(s) IN OPERATION: \_\_\_\_\_ NUMBER OF SALES REPS: \_\_\_\_\_

ARE THESE SALES REPS EMPLOYED EXCLUSIVELY BY YOUR COMPANY?    YES     NO

NUMBER OF BRANCHES \_\_\_\_\_ LOCATIONS \_\_\_\_\_

ANY OTHER COMPANY AFFILIATION? \_\_\_\_\_

WHERE DO YOU PRESENTLY DISTRIBUTE YOUR PRODUCTS (Markets served)?

\_\_\_\_\_

IF EXCLUSIVITY WAS AVAILABLE, PLEASE INDICATE FOR WHICH MARKETS? \_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR COMPANY'S PRIMARY AREA OF EXPERTISE? (Please mark all that apply)

- CENTRAL STERILE / CSD       GENERAL / VESSEL SURGERY       CARDIO-SURGERY
- NEURO SURGERY       ENDOSCOPY       OEM       KIT PACKERS
- TRADING COMPANY     OTHER (Please specify) \_\_\_\_\_

**2. PRODUCT LINES CURRENTLY DISTRIBUTED (List those relevant or those that may be in conflict.)**

NAME OF COMPANY	PRODUCTS	PHONE #	CONTACT NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. DISTRIBUTION REQUEST AND GENERAL INFORMATION**

IN WHICH MARKETS (Countries, States, or Provinces) DO YOU WANT TO DISTRIBUTE OUR PRODUCTS?

\_\_\_\_\_

WHICH OF OUR PRODUCTS ARE OF PRIMARY / IMMEDIATE INTEREST? (Please list)

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

WHICH OF OUR PRODUCTS ARE OF SECONDARY INTEREST? (Please list)

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

DO YOU HAVE AN IMMEDIATE NEED TO PLACE AN ORDER AND FOR WHICH PRODUCTS?:

\_\_\_\_\_

**(Section 4 is optional and can be completed at a later date on the Credit Application. By completing this section now you will save time if you become an approved distributor.)**

**4. BANK REFERENCES (Optional see note above)**

NAME OF BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

POSTAL CODE / ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ACCOUNT NUMBER(s) \_\_\_\_\_

**5. TRADE REFERENCES (3 - Required)**

A. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email: \_\_\_\_\_ WWW. \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

B. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email: \_\_\_\_\_ WWW. \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

C. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email: \_\_\_\_\_ WWW. \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

**6. ANY RELEVANT COMMENTS**

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

**PLEASE NOTE THAT THIS REQUEST TO DISTRIBUTE OUR PRODUCTS WILL REMAIN CONFIDENTIAL AND IS CONDITIONAL UPON OUR ACCEPTANCE. IF ACCEPTANCE IS DECLINED, THIS APPLICATION WILL BE DISCARDED.**

**PLEASE SIGN BELOW AND FAX TO OUR OFFICE AT +1-514-631-9083**

**[ ] YES - I have completed the Credit Section, if I am accepted as a distributor please proceed with your credit check and I hereby authorise the release of bank information. All international distributors will have to pay by wire in advance, (L/C) or until credit history can be established.**

**[ ] NO – I will complete the Credit Application at a later date.**

**I \_\_\_\_\_ (print) AUTHORISE THE RELEASE OF THE ABOVE INFORMATION AND CERTIFY THAT THE CONTENTS ARE TRUE AND THAT WE ARE REQUESTING THIS INFORMATION FOR THE SOLE PURPOSE OF BECOMING A DISTRIBUTOR AND NOT USING SAID INFORMATION TO GAIN COMPETITIVE DATA.**

\_\_\_\_\_ (Sign) Date: \_\_\_\_\_

**THANK YOU FOR CONSIDERING REPRESENTING OUR COMPANY**

Internal use only: Proceed with price request _____ Other: _____
Hold until profile received _____