



International Dealer Application

Company Information

Company Name: _____

Address/Street: _____

City: _____ Country: _____ Postal Code: _____

Telephone: _____ Fax: _____ Website: _____

How long company is in business: _____ years / Annual Gross Sales (Last 3 yrs) :

USD\$ _____

USD\$ _____

USD\$ _____

Number of Locations: _____ Total Employees: _____

▪ Sales _____

▪ Customer Service _____

Primary Business: _____

Secondary Business: _____

Type of Ownership: Proprietorship Corporation
 Non-Profit Partnership

Contact Information

Name: _____ Title: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Products

List major products that your company sells/represent:

Product	Company	Year Initiated

About Your Company

Please describe your business: _____

Method of Selling: *(check which apply)*

Direct Sales Force

Distribution

How large is your customer base? (in numbers) _____

What territory are you interested in? (Be specific): _____

Total number of tradeshow attended as exhibitor *(Your own booth only)*: _____

List the Top 3:

1. _____ Size of Booth: _____

2. _____ Size of Booth: _____

3. _____ Size of Booth: _____

How many potential customers are there in your territory? _____

Who are your Main Competitors in your territory?

1. _____

2. _____

How did you hear about CamSight? _____

CamSight products you're interested in: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Explorer | <input type="checkbox"/> Digital Surgical Scope |
| <input type="checkbox"/> Opti Intraoral Camera | <input type="checkbox"/> Other _____ |

CamSight Dealership that you are interested in:

- Exclusive Dealership
(Must order minimum two display units upon signing the dealer agreement with annual minimum quota. Annual minimum quota will be determined based on the territory.)

- Non-Exclusive Dealership
(Must order minimum one display unit upon signing the dealer agreement. There will be no annual minimum quota.)

Business References

List two business references that we may contact regarding the information that you have supplied on this application:

Name: _____ Company _____

Telephone: _____ Fax: _____ Email: _____

Name: _____ Company _____

Telephone: _____ Fax: _____ Email: _____

Signature

Date

Name

Title

** Please complete the application and send it to Ms. Francis Yi via fax at (323) 259-1916 or e-mail to fy@camsight.com.*

** By signing this application, you are certifying that all information mentioned above is true and correct.*