

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

## Distribution Partner Application

Thank you for your interest in becoming a DyAnsys Distributor. Please complete and sign this Distributor Partner Application.

### COMPANY INFORMATION

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

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

Street

City

State

Zip

Type of Business:  Corporation       Partnership       Sole Proprietorship  
 Partnership       LLC       Other \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

### MANAGEMENT INFORMATION

#### *OWNER / OFFICER*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# SALES INFORMATION

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### *SALES and SERVICE EXECUTIVES*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **BUSINESS TRADE REFERENCES**

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

Products Sold: \_\_\_\_\_

\_\_\_\_\_

Years Working With Company: \_\_\_\_\_ Sales Year Last: \$ \_\_\_\_\_

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

Portable ANSiscope™

The world's first real-time ANS measurement device

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

# Distribution Partner Application

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Products Sold: \_\_\_\_\_

Years Working With Company: \_\_\_\_\_ Last Year Sales: \$ \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## **BUSINESS OPPORTUNITY WITH DYANSYS**

Do you currently sell a competitive product to the DyAnsys product?

No  Yes If yes, please list products: \_\_\_\_\_

\_\_\_\_\_

Market Focus:  Doctors  Hospitals  Other \_\_\_\_\_

What geographic territory do you cover? \_\_\_\_\_

\_\_\_\_\_

Size of Total Market i.e., Number of Doctors or Hospitals in Territory: \_\_\_\_\_



## SALES INFORMATION

Date:

Number of Customers Serviced by Distributor in Territory: \_\_\_\_\_

How would you market/sell the DyAnsys products in this territory?

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How do you provide the initial product installation and training to your customers?

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How do you provide “after-sale service” to your customers?

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Date:

# Distribution Partner Application

## SIGNATURES

The information contained in this Application will be used by DyAnsys, Inc. solely for the purpose of obtaining all necessary information to evaluate the Applicant to become a Distribution Partner of DyAnsys, Inc. I hereby authorize DyAnsys, Inc. to investigate all references contained in this Application.

***ALL SIGNATURES MUST BE EXECUTED IN ORDER TO PROCESS APPLICATION***

### APPLICANT

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Name of Company                      Please Print

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Authorized Company Representative    Please Print                      Title

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Signature of Authorized Company Representative

---

Date

### DYANSYS, INC

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Authorized Representative                      Please Print                      Title

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Signature of Authorized Representative

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Date