



**Distributor / Sales Agent Application Form - Part A**

**Fax: 805-384-2792**

To be considered for a Kinamed sales agency, please provide complete and detailed answers to the following questions and return your completed application to Bob Bruce at [rbruce@kinamed.com](mailto:rbruce@kinamed.com) or to the fax number above.

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Legal Entity \_\_\_\_\_

Correspondence Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website: \_\_\_\_\_

1. Length of time operating under the above named business. \_\_\_\_\_

2. Length of time at above address. \_\_\_\_\_

3. Number of branch offices operated under the above named business and the locations.

\_\_\_\_\_

4. Number of sales people: \_\_\_\_\_ full - time \_\_\_\_\_ part - time  
(attach map showing area of responsibility along with individual representative names and their residence and email addresses)

Are the sales representatives listed above exclusive to your organization (Yes \_\_\_\_\_ No \_\_\_\_\_)

Are they employees (Yes \_\_\_\_\_ No \_\_\_\_\_) or independent contractors (Yes \_\_\_\_\_ No \_\_\_\_\_)

Number of office support/training personnel: \_\_\_\_\_ full - time \_\_\_\_\_ part - time

5. Why are you interested in representing Kinamed products? \_\_\_\_\_

\_\_\_\_\_

6. What Kinamed products are of most interest to you and why? \_\_\_\_\_

\_\_\_\_\_

7. Provide a detailed description of the geographic territory you seek for Kinamed products:

\_\_\_\_\_

\_\_\_\_\_

PART A: Initial Application

8. List all products you currently represent (attach a copy for each sub-rep if applicable):

Manufacturer	Product Lines	Territory Covered	Years Sold

9. Does any of the above mentioned manufacturers represent more than 90% of your organization's total annual revenue? \_\_\_\_\_
10. What was your organizations total sales in the last 12 months? \_\_\_\_\_
11. In what specialty areas are the physicians you call on? \_\_\_\_\_  
\_\_\_\_\_
12. What are the geographic locations of your sales representatives (hometowns)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Major teaching institutions/medical centers and leading clinicians your organization ~~has~~ <sup>is</sup> dealing with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Give a brief history of your organization's experience in the orthopedic industry.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Give a brief explanation of your general sales and marketing strategy in your market areas.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART A: Initial Application

16. Please provide at least three physician references.

Name	Address	Phone #	Years Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Please provide at least three physician references.

Name	Address	Phone #	Years Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Please provide a bank reference.

Branch Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

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

19. How were you referred to Kinamed?

_____
_____

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. In the event that an agency or distributor agreement is entered, I understand that false or misleading information given in my application or interviews may result in immediate termination of my agreement. I agree to hold in confidence all materials provided to me by Kinamed, Inc. until such time as an agency agreement between Kinamed and myself is established.

Signature of Applicant (type your name to indicate an e-signature)

Date

Print Name & Title