



Sales Organization Application for Dermillume Product Line

Many companies come to us wanting to become Dealers. In order to properly serve the marketplace and provide an opportunity for our Dealers to be successful in their area of expertise we require the following information.

Company Name: _____ Contact Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Years In Business: _____ F.E.I.N. # _____

What Products Do You Sell Now: _____

Describe Your Typical Customer: _____

Do You Have A Store Front: _____ Address: _____

How Long At This Address: _____ Phone Number Of Store Front: _____

Internet Sales Site: www. _____ How Long: _____

What Is your Warranty Policy: _____

What Is Your Product Return Policy: _____

What Market Areas Will You Work To Sell our Product Line: _____

How Many Of Our Devices Will You Sell In A Quarter: _____

How Can We Work Together For Success: _____

Please Provide Us With Trade References from Manufacturers Or Suppliers That You Do Business With Now:

Name	Address	Phone