



BC Group International Inc.
3081 Elm Point Industrial Dr.
St. Charles, MO 63301-4333 USA

DEALER APPLICATION

COMPANY NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

Website url: _____ E-mail: _____

Telephone #: _____ Fax #: _____

Please answer the following as completely as you can and then fax or e-mail this form for the BC Group Worldwide Dealer Network Manager at 775-546-6500 or merwine@bcgroupintl.com.

- 1) How long has your company been in business? _____
- 2) Number of employees? _____ Number of sales staff that will work with our products? _____
- 3) Sole Proprietorship Corporation Limited Liability Company or Partnership Other: _____
- 4) Privately Owned Publicly Traded Stock Symbol (if publicly held): _____
- 5) Primary contact for our products: _____
 Telephone #: _____ Fax:#: _____
 e-mail address: _____

6) What is your company's current primary business focus and what products do you currently sell?

7) Are you currently calling on hospital biomedical engineering departments? If so, what products are you selling to them?

8) What was your company's gross sales volume for all products sold last year? _____

9) What sales territory would you like to have for our products?

10) What annual sales do you anticipate or intend to target for this territory relative to our products?

Initial year: _____

Year #2: _____

Year #3: _____

Year #4: _____

Year #5: _____

11) How do you plan to market our products? What will be your strategic and tactical approaches to your customer base relative to our products?

12. Are you willing to purchase sales demonstration equipment when if/when you become a BC Group dealer? _____

13) Please provide at least three business references for companies that you are currently selling products for:

Company #1: _____ Doing business since (year): _____

City/State/Zip: _____ Credit/payment terms: _____

Contact person: _____ Tel: _____ Fax: _____

e-mail: _____

Description of products sold: _____

Company #2: _____ Doing business since (year): _____

City/State/Zip: _____ Credit/payment terms: _____

Contact person: _____ Tel: _____ Fax: _____

e-mail: _____

Description of products sold: _____

Company #3: _____ Doing business since (year): _____

City/State/Zip: _____ Credit/payment terms: _____

Contact person: _____ Tel: _____ Fax: _____

e-mail: _____

Description of products sold: _____

