



Distribution Application

Please type or print.

1. Company Name: _____

2. Contact Name: _____

3. Address: Street _____ PO Box: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Country: _____

4. Phone: _____ FAX: _____

Website: _____ E Mail: _____

5. What are your primary fields of sales activity?

6. Form of Organization (check one):

Sole Proprietorship ___ Partnership ___ Corporation/Limited Company ___

7. In business since: _____

8. Please list type of products, if any, you manufacture:

9. Please list major product Lines and names of other companies you represent:

Company name/Product	City/Country	Annual Sales Volume (\$)



10. Total Number of Employees: ____ , Salespeople: ____ , Service Staff/Technicians: ____ ,

Including Ph.D.s: ____ , M.Sc.s: ____ , B.Sc.s: ____

11. Approximate company annual sales volume for past year (\$):_____

12. Geographic sales territory:_____

13. Trade/Business References:

14. Does your company participate in trade shows?: _____

If yes, which shows?

Distribution Application completed by:

_____ , _____

Print name and title

Signature

Date:

Please return this form by FAX or Email to Renogen Biolab Inc. or

services@renogenbio.com

Please send your copy of company brochure and/or catalogue(s) to Renogen Biolab Inc.