

DEALER

Application Form

COMPANY INFORMATION

Legal Entity Name			
Year Organized			
Doing Business As			
Years at Present Location			
Legal Entity Type	Sole Proprietorship	Limited Partnership	Limited Liability Company
	Corporation	Other (Specify):	
State of Organization			
Headquarters Address			

COMPANY OFFICERS

Name	
Title	
Address	
Phone	
Officer ever filed for bankruptcy?	

Name	
Title	
Address	
Phone	
Officer ever filed for bankruptcy?	

COMPANY OFFICERS

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COMPANY RESELLER CUSTOMER AND PRODUCTS

Customer Name	
Product(s)	
Territory	
Length of Relationship	

Customer Name	
Product(s)	
Territory	
Length of Relationship	

COMPANY MARKETING

Principle Markets and Industries	
Marketing Channels	
Primary Competitors	

COMPANY MARKETING

	Wholesale	Retail	Mail Order	Internet
Description of primary business				
Number of Locations				
Number of Employees				
Annual Revenue (Two prior calendar years)				

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BILLING INFORMATION

Billing Address			
Shipping Address			
Phone		Shipping Preference	
Email		Add shipping and handling to invoice	
Website		3rd Party shipping account	
Federal Tax ID#		UPS Acct.	FedEx Acct.
State Tax ID#		DHL Acct.	Other

CONTACT INFORMATION

Purchasing Contact		Accounts Payable Contact	
Phone		Phone	
Email		Email	

SALES INFORMATION

Desired CRO [™] products and initial quantities		
Requested Territory		
Sales Performance	Target 6 month turnover:	Target 12 month turnover:

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TRADE REFERENCES

Company	Email	Phone
Company	Email	Phone
Company	Email	Phone

BANK REFERENCES

Bank Name	Checking Acct. #
Contact Name	Savings Acct. #
Phone	Line of Credit #

TERMS

By signing below, I certify all information provided within and related to this Dealer Application is correct to the best of my knowledge. I understand this information will be used to assess my company’s suitability for Dealer opportunities. I understand Cro Medical, LLC may reject my application for any reason, including for providing false or misleading information. I give consent for Cro Medical, LLC to run background and credit checks. I understand the content of this application may be incorporated into any formal agreement entered into between the parties. I certify that I have provided all documentation and information required by this Dealer Application, including all applicable state sales tax exemption certificates. I have the full authority to execute this Dealer Application on behalf of my company.

I understand and agree to provide additional documentation as reasonably requested by Cro Medical, LLC. Any extension of credit is made at Cro Medical, LLC at its sole and exclusive decision.

THIS DEALER APPLICATION WILL NOT BE PROCESSED WITHOUT ALL OF THE REQUIRED DOCUMENTS LISTED BELOW.

Signature	Name
Title	Date

REQUIRED DOCUMENTS

- Completed Dealer Application
- State Tax Exemption Certificate(s)
- Complete Form W-9