



CamSight International Dealer Application

Contact Information

Name: _____ Title: _____

Address: _____

Email: _____ Telephone: _____

Company Information

Company Name: _____

Website: _____ Territory: _____

How long company is in business: _____ Years

Annual Gross Sales (Last 3 yrs) : USD\$ _____

USD\$ _____

USD\$ _____

Number of Locations: _____ Total Employees: _____ / _____
Sales Service

Products

List major products that your company sells/represent:

Product	Company	Year Initiated

About Your Company

Please describe your business briefly: _____

Method of Selling: *(check which apply)*

Direct Sales Force

Distribution

How many dentists are there in your territory? _____

How many existing customers do you have? _____

Total number of tradeshow attended as exhibitor *(Your own booth only)*: _____

List the Top 3:

1. _____ Size of Booth: _____

2. _____ Size of Booth: _____

3. _____ Size of Booth: _____

Who are your Main Competitors in your territory?

1. _____

2. _____

How did you hear about CamSight? _____

CamSight Dealership that you are interested in:

Exclusive Dealership

(Must order minimum two or more display units upon signing the dealer agreement with annual minimum quota. The quantity of display unit order and the annual minimum quota will be determined based on the territory.)

Non-Exclusive Dealership

(Must order minimum one display unit upon signing the dealer agreement. There will be no annual minimum quota.)

Signature

Date

Name

Title

** By signing this application, you are certifying that all information mentioned above is true and correct.*

** Please complete the application and send it to Ms. Francis Yi via e-mail at fy@camsight.com.*