



Denttio 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

Products of Interested Selling: *(check which apply)*

Digital X-Ray

Explorer

Intraoral Camera

Total Solution

Practice Management Software

Other _____

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 Denttio? _____

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@denttio.com.*