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NEW DISTRIBUTOR APPLICATION FORM

Many thanks for your interest in AG Med. Please fill in all the fields below and return to: sales@agmed.us
A representative will be in contact with you soon.

Business Contact Information			
Company name:			
Phone:		Mobile:	
Email:		Website:	
Facebook:		Twitter:	
Mailing address:			
City:	State:	Zip code:	
Country:			
COMPANY BACKGROUND			
Please describe your company history. (You can include a link if you have history on your website)			
In which countries do you distribute?			
Which trade fairs do you exhibit at?			
Purchasing Plan			
Which product are you interested in purchasing?			
Do you require an exclusive agreement? (If yes an MOQ is required):			
Where do you see the opportunities for AG Med?			
Expected opening order amount:		Estimated date your first order will be placed:	DD/MM/YYYY
Any other information you would like to add:			
Distributor declaration			
The above information I have provided is true and correct at the time of submission. I understand that this form is not a contract for distribution with AG Med. I understand that this application will be assessed and I will be contacted by a representative of AG Med and informed of the outcome.			
Name:		Signature:	
Title:			
Date:			