

# NAVILAS DISTRIBUTOR APPLICATION FORM

We are pleased that your company is interested in becoming our distributor in your country.

Please complete this form and send it with the following information to → [info@od-os.com](mailto:info@od-os.com)

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Organization chart and annual report</li> <li>3. Background information of key executives and owners</li> </ol> | <ol style="list-style-type: none"> <li>2. Financial report of the last three years</li> <li>4. References from at least 3 companies you distribute and 3 key retinal specialists</li> </ol> |
|---|---|

## CONTACT INFORMATION

Company's Legal Name:			
Address:			
City:		State/Province:	
Post Code:		Country:	
Phone:		Fax:	
Email:			
Web Address:			
City Chamber of Commerce:		Registr. Number:	
VAT Number:			

## SHIPPING ADDRESS

Address:			
City:		State/Province:	
Zip/Postal Code:		City:	
Contact Person:		Phone:	
Email:			

## BILLING ADDRESS

Address:			
City:		State/Province:	
Zip/Postal Code:		City:	
Contact Person:		Phone:	
Email:			

## KEY PERSONNEL

**PRINCIPAL**

Name:  Phone:

Email:

**SALES MANAGER**

Name:  Phone:

Email:

**PRODUCT MANAGER**

Name:  Phone:

Email:

**SERVICE ENGINEER**

Name:  Phone:

Email:

**FINANCE MANAGER**

Name:  Phone:

Email:

## BUSINESS INFORMATION

Year of foundation:

Number of years under present Management:

Number of Employees:

Number of Sales Employees:

Number of Marketing Employees:

Number of Service Employees:

Current Regions Covered:

Describe type of business:

Current product lines offered:

List all products and brands represented:

Please describe the number and type of installed base you service.

What kind of equipment, facilities or organization do you use to test and repair devices?

## CURRENT ANNUAL SALES

Current annual sales:	<input type="text"/>	€	<input type="text"/>	USD
% of sales out of the posterior segment line	<input type="text"/>		<input type="text"/>	%
% of sales related to business of all devices	<input type="text"/>		<input type="text"/>	%
% of sales related to laser device business	<input type="text"/>		<input type="text"/>	%

## MARKET INFORMATION

Number of citizens in your Territory:	<input type="text"/>
Number of Retinal Specialists within your Territory:	<input type="text"/>
Number of Hospitals/Clinics within your Territory:	<input type="text"/>
Of which	
Teaching Hospitals	<input type="text"/>
Public Hospitals	<input type="text"/>
Private Hospitals	<input type="text"/>
Private Clinics	<input type="text"/>
Annual Number of Retinal Photocoagulation performed:	<input type="text"/>
Reimbursement fees for:	
Color Fundus Imaging	<input type="text"/>
Fluorescein Angiography	<input type="text"/>
Laser Photocoagulation	<input type="text"/>
Is there a patient out of the pocket payment possibility within your market?	<input type="text"/>
If yes please describe:	<input type="text"/>
Are there any barriers like Import Duties, Taxes or other issues to enter your market?	<input type="text"/>
If Yes please describe here:	<input type="text"/>

## MARKETING ACTIVITIES

Please describe how you plan to market and promote Navilas:

Please List the trade shows your company attends each year:

Please list or describe other marketing activities of your company:

## BANK INFORMATION

Bank Name:

Bank account number:

Iban:

Swift Code: