

Dealer Resellers and Distributors



Dealer Resellers of MD Systems Products serving their customer base without warehouse inventory. To qualify as an Authorized Dealer the customer must be a commercial, for profit, enterprise operating with an EIN and support a catalog (website or hard copy) marketing program and have a history of selling a variety of products serving Medical practices, OT/PT, Research, Sports Training and similar industries, including advertising MD Systems products as part of their catalog offerings. Authorized Dealers may elect to Drop-Ship MD Systems products to their customers at time of purchase. Payments for Dealer purchases are typically PayPal, or Visa/MasterCard credit cards. In special cases involving high volume sales, payments may be arranged for Open Account status on an order by order basis.

Authorized Distributor: To qualify as an Authorized Distributor, customers must have a website and hard copy catalog promoting a variety of manufacturer's products serving medical, OT/PT, research, sports training, FCE and similar industries, including advertising and promoting MD Systems products as part of their catalog offerings. A field sales force is preferred. Distributors must stock minimum levels of inventory to qualify and have a customer base, including Dealers, clinics, medical professionals, research institutions, sports training, etc. Distributors are required to make all shipments from their warehouse inventory. Lead times for Distributor order shipments are 4 weeks minimum. No drop-shipments are provided for Distributor Customers. Payment terms range from pre-payments to open account dependent on the business profile

Business Organization

Corporation Limited Liability Corp Partnership Sole Owner Other, please explain

*Business or Institution Name

State Where Organized

State Business Identification Number

Federal Business ID Number (EIN/SSN)

*Institution or Organization Size (Number of Employees)

1-9 10-49 50-99 100-499 500+

*Years in Business

1-9 years 10-19 years 20+ years

*Owner or CEO

*Office Phone

*Additional Phone Number

Authorized Purchasing Agents Names

Agent Email

*Shipping Address

*Street Address

Address line 2

*City

*State

*Postal / Zip Code

*Country

Institution or Organization Type

Non-Profit For-Profit

Mailing Address, if different from shipping address

Street Address

Address line 2

City

State

Postal / Zip Code

Country

*Markets Served:

Institutional Research Corporate Research FCE (Functional Capability Evaluation) org Education Medical Practice Clinical Care Practice Assisted Care Facility Sports Therapy Sports Training Other, Describe in Detail please

*Marketing & Selling Information

On-Line Catalog Print Catalog Inside Sales Staff Outside Sales Force

of full time inside sales staff full-time

of inside sales staff part-time

of full-time outside sale staff

of part-time outside sales staff

Average Annual Gross Sales (last 5 years)

*Geographic Territory Served

Geographic Territory covered by Outside Sales Staff

Your Company Website for Sales

information will be requested and kept on file upon approval of registration.

Credit References: Relationship, Years Known, Phone #

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Business References: include Relationship, Yrs Known, Phone #

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Please complete and send to sales@mdsystems.com or mail to P.O. Box 1647 Westerville, OH 43086, USA.

Thank you,

