



**Distributor Application**

**General Information**

Company Name:		Tax ID or SSN	
Shipping Address:			
Billing Address (if different from shipping)			
Telephone:		Mobile:	
Website:	http://	E-mail:	

**Organization Information**

Years in Service		Total Number of Associates		
How Many Associates Have Sales Responsibilities:				
<b>Primary Contact(s):</b>				
<u>Name</u>	<u>Title</u>	<u>Phone</u>	<u>Email</u>	<u>Direct or Indirect</u>
Has any person within your organization been disbarred from a federal program?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:				

**Primary Geographical Areas of Coverage**

1.	4.
2.	5.
3.	Other:



**Distributor Application**

Primary Surgery Markets			
<input type="checkbox"/>	Foot & Ankle	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	Hand	<input type="checkbox"/>	Shoulder & Elbow
<input type="checkbox"/>	Sports Medicine	<input type="checkbox"/>	Total Reconstructive Surgery
<input type="checkbox"/>	General Orthopedics	<input type="checkbox"/>	Spine
<input type="checkbox"/>	Other(please explain)		

Current Companies and Product Lines Representing			
<u>Company/Product Lines</u>	<u>Sales Volume</u>	<u>Ranking</u>	<u>Years</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Competitor Distribution	
Do you currently or have you recently distributed a competitive product line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list products below:	
<u>Product Line</u>	<u>Sales Volume</u> <u>Years</u>



**References**

Please list physician / hospital references

<u>Name</u>	<u>Email and/or Phone Number</u>
1.	
2.	
3.	
4.	
5.	
6.	

**Additional Comments**

Please email this information to: [grichards@bioproimplants.com](mailto:grichards@bioproimplants.com)

Thank you for your interest in BioPro, Inc.

2929 Lapeer Rd  
 Port Huron, MI 48060  
 P: (800) 252-7707  
 F: (810-982-7794  
[www.bioproimplants.com](http://www.bioproimplants.com)