

World Class Veterinary Products

# AMBIVETPRODUCTS

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## PARTNER APPLICATION

Fill out application and return via email or fax.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Profile:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your company classified as?    \_\_\_ Wholesaler

Dealer    \_\_\_ Distributor    \_\_\_ Retail    \_\_\_ Chain

Established date: \_\_\_\_\_ Working capital: (US\$) \_\_\_\_\_

Turn-over last year: (US\$) \_\_\_\_\_

Banking information: \_\_\_\_\_ (institution)

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account No: \_\_\_\_\_ Fax: \_\_\_\_\_

Banking information: \_\_\_\_\_ (institution)

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account No: \_\_\_\_\_ Fax: \_\_\_\_\_

Professional References: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARTNER APPLICATION, continued**

Professional References: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Operations: Number of employees: \_\_\_\_\_ Number of sales reps: \_\_\_\_\_

Number of branches: \_\_\_\_\_ Indirect distributors: \_\_\_\_\_

Chief merchandise distributed: \_\_\_\_\_

Product lines handled (indicate name of manufacturer and if on an exclusive basis):

\_\_\_\_\_

Products manufactured:

\_\_\_\_\_

Which markets are you currently selling to? (check all that apply)

Hospital  ~~Veterinary~~ Pharmacy  Private  Clinic/Doctors

Wholesale  Dealer/Distributor  Consumer  Other

Additional (other): \_\_\_\_\_

Distribution:

Which channels of distribution does your company use?

Your own sales force  Direct sales to end user  Sales to (sub) distributors who resell to end user

(please explain) \_\_\_\_\_

Which **AMBI VET** PRODUCTS do you plan to sell? (check all that apply)

Pet Injection Products  Blood Collection Products  Other

Tradeshows, Conferences, and Fairs in which you participate:

\_\_\_\_\_

What type of advertising do you plan to do (and amount US\$ allocated):

\_\_\_\_\_

Additional information we should know about your company:

\_\_\_\_\_

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