



11 Bokum Road
Essex, CT 06426-1506 (USA)
Phone: (860) 767-2562
Fax: (860) 767-2563
www.brandtech.com

Thank you for your interest in becoming a distributor of BrandTech® Scientific, Inc. products. We seek partners who are interested in actively promoting and selling our products.

To initiate our review process, please complete the attached form and supply the additional information requested. This form helps us understand your business, the means you use to promote and sell products, and the timing of materials we would need to help you with promotion. Be sure to provide three US-based trade and appropriate bank/credit references for your business. We will contact your references and complete a credit check during this process.

Additional Materials needed:

1. **Business Registration Certificate:** You must be a registered business.
2. **Reseller's Certificate:** You must be a reseller, not an end-user of our products.
3. **Tax Exemption Certificates:** If you apply for tax-exempt status, you must supply BrandTech® with a copy of your Sales Tax Exemption Certificate(s) for shipments to California, Connecticut, Georgia, Illinois, Maryland, Massachusetts, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Virginia, and Washington, D.C. (if applicable).

Please scan and email these completed forms and additional materials to Bryanna Fallo at bfallo@brandtech.com. Alternatively, these forms may be faxed to Bryanna's attention at 860-767-2563.

Once all materials are transmitted to BrandTech®, it usually takes about 7-10 business days to process and review. If accepted, you will be contacted and provided with a price list, ordering instructions, and marketing materials.

Best regards,

Bryanna Fallo
Channel Development Manager
bfallo@brandtech.com
860-767-2562 x111



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CREDIT APPLICATION

| | | | |
|-----------------------|--|-------------------------|--|
| BUSINESS NAME: | | TOLL-FREE PHONE: | |
| CONTACT: | | FAX: | |
| EMAIL: | | WEBSITE: | |

| | | | |
|-------------------------|--|-------------------------|--|
| BILL-TO ADDRESS: | | SHIP-TO ADDRESS: | |
| CITY: | | CITY: | |
| STATE: | | STATE: | |
| ZIP: | | ZIP: | |

D-U-N-S® #: _____ **YEARS IN BUSINESS:** _____ **# OF EMPLOYEES:** _____

BANK REFERENCE:

BANK NAME: _____ **ACCOUNT #:** _____
ADDRESS: _____ **PHONE:** _____

TRADE REFERENCES:

Please provide three US-based trade references with whom you have had an active account for at least six months.
Note: All references *must* include an email address (preferred) or fax number for account verification.

COMPANY NAME: _____ **ACCOUNT #:** _____
CONTACT NAME: _____ **PHONE:** _____
ADDRESS: _____ **FAX:** _____
 _____ **EMAIL:** _____

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MARKETING CONTACT

NAME: _____
PHONE: _____
EMAIL: _____

ACCOUNTS PAYABLE CONTACT

NAME: _____
PHONE: _____
EMAIL: _____

PURCHASING CONTACT

NAME: _____
PHONE: _____
EMAIL: _____

SALES CONTACT

NAME: _____
PHONE: _____
EMAIL: _____

How do you prefer to receive invoices? Mail Email
If email, to what email address should invoices be emailed? _____

To whom should price lists, new product, and promotional information be emailed? _____

MARKETING STRATEGY:

Target market(s) & distribution strategy (define by customer discipline, types of organizations, geographic coverage, type of products, etc.): _____

Which BrandTech® products are of greatest interest to your customers and how will they contribute to your marketing strategy? _____

CATALOG AND PRINTED MATTER:

Do you publish a catalog? Yes No Number of pages: _____ Frequency: _____
Will you list BrandTech® products in your next catalog? Yes No
Do you produce product flyers? Yes No Number of pages: _____ Frequency: _____

WEBSITE:

Do you have a website? Yes No URL: _____
Do you accept orders through your website? Yes No
What percentage of your sales are generated through your website? _____
What BrandTech® products do you plan to list on your website? _____



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PROMOTIONS:

Do you mail/email promotional materials to your customers? Yes No

If yes, please describe nature, frequency, and supply examples. _____

How do you plan to promote BrandTech® products? _____

COMPLEMENTARY/COMPETITIVE PRODUCTS:

Please list the manufacturers of other liquid handling products you carry in your line:

| | | | |
|--|--|--|--|
| Liquid Handling: | | General Lab Plastics: | |
| Vacuum Pumps: | | Laboratory Support Jacks: | |
| Life Science Plastics: <i>(microplates, PCR)</i> | | Volumetric Glassware & Plasticware: | |
| Disposable Cuvettes: | | | |

Are there products in your current line that complement BrandTech® products? Yes No

If yes, please describe: _____

SALES TARGETS & STRATEGY:

Anticipated annual sales volume with BrandTech®: 1st year? \$ _____ Beyond? \$ _____

Do you have Sales Representatives? Yes No # of Field Reps: _____ # of Inside Sales Reps: _____

Please tell us where your reps are located and their sales territory responsibilities:

Representative Location: _____ Geographic Territory Responsibility: _____

Once you become a dealer, will you provide us with the contact information for your field reps so that our reps can contact them directly to schedule work days? Yes No



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PURCHASING:

Purchases are: Taxable Tax Exempt Tax exempt number: _____

NOTE: Copies of tax-exempt certificates for ship-to locations in California, Connecticut, Georgia, Illinois, Maryland, Massachusetts, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Virginia, and Washington, D.C. (as applicable) must accompany this application.

Do you plan to stock BrandTech products or order only to fulfill customer orders? _____

What BrandTech® products do you intend to hold as stock items? _____

Do you transmit orders via EDI? Yes No
 If yes, what is your ADX Address/Identification Code (aka XID)? _____

For warehouse shipments, do you have a UPS or FedEx collect number to charge? Yes No
 UPS: _____
 FedEx: _____

All orders are subject to BrandTech® Scientific, Inc.'s Terms and Conditions located at www.BrandTech.com, FOB Essex, CT.

I am duly authorized to provide the above information and it is accurate to the best of my knowledge.

SIGNATURE **PRINTED NAME** **TITLE** **DATE**

| For Internal Use Only | |
|-----------------------|--|
| Account Number: | |
| Credit Line: | |
| Payment Terms: | |
| Initials/Date: | |