




Corporate Headquarters
4341 State Street Road, P.O. Box 220
Skaneateles Falls, NY 13153-0220 USA
(p) 800.535.6663 (f) 315.685.3361
www.welchallyn.com



Distributor Application

Thank you for expressing an interest in becoming a distributor for Welch Allyn. Please complete the form below and return to Dan Mitchell via email: dan.mitchell@welchallyn.com.

Questionnaire to Prospective Welch Allyn Distributors

Welch Allyn Mission Statement

Welch Allyn is committed to fully understanding and meeting our customers' requirements. We realize that each of us, along with our customers and suppliers, plays a vitally important role in the process of continually improving how we fulfill this commitment.

For every product, service or solution we offer, we strive to continually monitor and anticipate our customers' changing needs. This enables us to consistently meet their specific requirements and deliver a level of quality that leaves them delighted with their decision to do business with Welch Allyn.

Thank you for your inquiry about the Welch Allyn franchise. Please review and complete the form below, and return it to Welch Allyn for careful consideration. The following is a list of mandatory requirements and expectations at Welch Allyn in order to become a distributor.

1. Welch Allyn expects that a new distributor will achieve \$75K or more in sales volume during the first year of becoming a Welch Allyn distributor. If sales drop below this threshold, distributor may be terminated.
 I understand and agree to terms listed above
2. Welch Allyn requires distributors to have and maintain their own salesforce, as well as standard product inventory.
 I understand and agree to terms listed above
3. Welch Allyn requires all distributors to provide monthly sales trace data in either an edi or spreadsheet format. These traces must be transmitted electronically to Welch Allyn either via edi, or email. The sales trace format and field requirements will be provided.
 - Prior to becoming a distributor, Welch Allyn requires you to submit sample sales trace data within 30 business days of the return of this questionnaire. Sales trace data needs to incorporate any and all distributor branches that are selling Welch Allyn product.
 - Welch Allyn Sales Trace Team will review sample file for correct formatting and data compliance. They will make a recommendation regarding trace data quality to Sales Management.
 - Welch Allyn has enclosed a letter describing its practices regarding the use and handling of confidential information. I understand and agree to terms listed above



Corporate Headquarters
 4341 State Street Road, P.O. Box 220
 Skaneateles Falls, NY 13153-0220 USA
 (p) 800.535.6663 (f) 315.685.3361
 www.welchallyn.com



4. Describe the geographical area you normally and regularly sell in.

Describe your business model:

# of Reps	% of Total Sales
_____ Field-Based Reps	_____
_____ Inside Sales Reps	_____
_____ Internet Sales	_____

5. List the technical and/or durable items you are currently successfully selling (or plan to sell) including:

- Thermometry Monitoring Products Blood Pressure Instruments
 - Audiometry Cardiopulmonary Defibrillators
 - Other Diagnostic Instruments _____
-
-

List some other equipment companies you currently buy direct from:

6. Which channels/markets do you currently (or anticipate selling) sell into, and what is your annual (or anticipated annual) \$ in each?

- Medical Doctors \$ _____ EMS \$ _____ Clinics \$ _____
- Fire Department \$ _____ Hospitals \$ _____ Military \$ _____
- Nursing Homes/ Long-Term Care \$ _____ Government \$ _____ Dental \$ _____
- Veterinary Physicians/Clinics \$ _____ Women's Health \$ _____ Public Access \$ _____
- Chiropractors \$ _____ Other \$ _____
- Total Annual Welch Allyn Sales** \$ _____

Welch Allyn's decision on your request, of course, will not necessarily be limited to the information above and may well have to include other considerations, but this information will be helpful in arriving at our decision.

Final approval will be based upon submitting a properly formatted sales trace report, and credit clearance.



Corporate Headquarters
 4341 State Street Road, P.O. Box 220
 Skaneateles Falls, NY 13153-0220 USA
 (p) 800.535.6663 (f) 315.685.3361
 www.welchallyn.com



Application for Credit to Prospective Welch Allyn Distributors

The undersigned ("you") hereby applies for credit from WELCH ALLYN, INC. ("WA"). In applying, you agree that you will pay all amounts that become payable on or before the invoice due date. All decisions with respect to the extension or continuation of credit will be at WA's sole discretion. WA may charge a finance charge or delinquency charge in the amount of one and one-half percent (1 1/2%) per month or the highest rate allowed by law, whichever is greater, on any amount which becomes past due. In addition, you are responsible for all of WA's collection costs and attorney's fees incurred in connection with any delinquent amount.

Exact Name of Business

Check Legal Status:

- Proprietorship Partnership Corporation
 Limited Liability Company Limited Liability Partnership

State of Incorporation or Registration of Partnership: _____

Name and Address of Registered Agent:

List all owners, partners, or corporate officers (and titles), their business addresses, residence addresses, phone numbers and Social Security Numbers:

Names and addresses of all financial institutions used by business and credit references: (list all accounts held at each institution by account number and type):

ATTACHED TO THIS APPLICATION IS YOUR MOST RECENT FINANCIAL STATEMENT. YOU AGREE TO PROVIDE TO WA, UPDATED FINANCIAL INFORMATION ON REQUEST, AND TO PROVIDE AN ANNUAL FINANCIAL STATEMENT TO WA. YOU ALSO AGREE TO ADVISE WA OF ANY MATERIAL CHANGE IN ANY INFORMATION HEREIN.

Are there any unsatisfied judgments against you? If yes, give details (e.g., court of filing, index/docket number, date of filing, names of parties, amount of judgment.)



Corporate Headquarters
4341 State Street Road, P.O. Box 220
Skaneateles Falls, NY 13153-0220 USA
(p) 800.535.6663 (f) 315.685.3361
www.welchallyn.com



TERMS AND CONDITIONS OF SALES: You agree that all purchases by you are subject to the terms herein, WA's standard terms and conditions, WA's Distributor Policy, and any additional written agreement executed by the parties. No additional or different terms or conditions will bind WA unless specifically agreed to in writing. The laws of the State of New York, except its conflicts of law rules, shall be applicable to all suits arising between the undersigned and WA. All accounts shall be due and payable in Skaneateles Falls, New York.

You, personally, and as agent for the entity, hereby authorize WA to contact and investigate the references listed, as well as all other information obtained as a result of such contact and investigation, as to the applicant's and the responsible individual's credit and financial responsibility.

YOU CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENTS IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT, IS TRUE AND CORRECT TO THE BEST OF YOUR INFORMATION, KNOWLEDGE AND BELIEF, UNTIL YOU GIVE WRITTEN NOTICE OF A CHANGE.

DATED: _____

Name of Entity ("Undersigned")

Owner/Partner/President

Print Name of Above



Corporate Headquarters
4341 State Street Road, P.O. Box 220
Skaneateles Falls, NY 13153-0220 USA
(p) 800.535.6663 (f) 315.685.3361
www.welchallyn.com



Distributor Information

to Prospective Welch Allyn Distributors

Corporation Name	
Name of Company to be billed (if different from above)	_____ _____ _____ Phone: _____ Fax: _____
Billing Address	_____ _____ _____ Phone: _____ Fax: _____ eMail: _____
Shipping Address	_____ _____ _____ Phone: _____ Fax: _____ eMail: _____
Purchasing	Contact Name: _____ Phone: _____ Fax: _____ eMail: _____
Accounts Payable	Contact Name: _____ Phone: _____ Fax: _____ eMail: _____
EDI Capable?	Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO
Resale #	Please fax a copy of your resale certificate with your application.
How would you like your order acknowledgements?	Check One: <input type="checkbox"/> Fax: _____ or <input type="checkbox"/> eMail _____
How would you like your invoices?	Check One: <input type="checkbox"/> Fax: _____ or <input type="checkbox"/> eMail _____
Welch Allyn Office Use Only:	