

Distribution Application Form

30.9 .	saving lives
Surgimax Instruments I Unit 108 Ivy Business (Manchester England M35 9BG	
1. Your Compa	ny Address and Contact Details
Company: Department: Street: ZIP / City: Contact Person: Phone: Mobile:	
E-mail:	
2. Interested in	the following Products and Distribution
General Surge Orthopedic Neuro ENT Plastic Surger Ophthalmic 3. Questionnai	☐ Electrosurgery ☐ Retractor Systems ☐ Liposuction
Years of experience	e in selling the above mentioned Products:
Other Products in	Portfolio or Area of business:
Biggest Competito	or of a.m. Products in the market:
Focus Clients - M	OH or Private Clinics:
Sales People in or	ganization (without Sub-Distributors):
Service and Maint	renance Employees:
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Annually Turnover	in EUR or USD:

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Area of Business - complete Country or Regions in Country:

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