



Distributor Qualification Form

Company/Organization: _____	Fax Number: _____
Address: _____	Phone Number: _____
_____	E-Mail: _____
City: _____	Website: _____
Country: _____ Postal Code: _____	President/Manager Director: _____
	Thomas Contact: _____

Annual Sales (US \$): _____ No. of Sales Representatives: _____

Does your company produce it's own catalog? _____

Please list the regions where your sales activities are concentrated:

Please list products/manufacturers you are currently importing:

Please list products/manufacturers you are looking to import:

Please list your Top 5 customers for laboratory supplies:

Please return completed form to:
Thomas Scientific
PO Box 99 • Swedesboro, NJ 08085 USA
Email: global@thomassci.com