



Authorized Dealer and Importer Application

Contact Information

Application Date: _____

Company Name: _____

Individual Contact: _____ Title: _____

Address: _____

Direct Phone: _____ Fax: _____

Email: _____ Web Address: _____

Company Overview

Dunn's # _____

Is this a privately held corporation? (If yes, please list the principal owners.)

Other Company affiliates: _____

Number of years in business _____ Revenue for last fiscal year _____

Expected growth % for current fiscal year over previous fiscal year _____%

Average # of daily orders _____

Company/product focus _____

____% of revenues for hardware (equipment)

____% of revenues for supply sales

____% of revenues other _____

100 % Total

Total number of employees _____

Average tenure of employees _____

Warehouse location(s) _____



Standard Business Terms

Payment terms _____

FOB Point (specify plant or destination) _____

Minimum Order Requirements (if applicable) _____

Minimum Order Requirements to qualify for free freight: _____

Expected lead-time for order fulfillment after receipt of order: _____

Product Overview

Please indicate which products lines you have access to:

Canon _____	Kyocera/Mita _____	Savin _____
Copystar _____	Lanier _____	Sharp _____
Gestetner _____	Panasonic _____	Toshiba _____
Imagistics _____	Ricoh _____	Xerox _____
Konica/Minolta _____	Risograph _____	Other _____

Are there any manufacturers where you have “authorized” equipment dealer status?
(Please provide documentation of this authorization) _____

Which product lines are purchased direct from manufacturer? (This must be supported by
Manufacturer documentation). _____

Are any of the products you are offering purchased outside of the United States? _____
If yes, please list product lines and country of origin _____

Source of Supply:

_____% of product sourced from manufacturer
 _____% of product sourced through another dealer
 _____% of product sourced from an importer
 _____% of product sourced from a surplus dealer
100% Total

Authenticity Protection

What measures are taken to eliminate counterfeit product from your inventory?

On a scale of 1 to 10 (10 being the highest), please rank the effectiveness of your process for successfully eliminating counterfeit inventory.

Low 1 2 3 4 5 6 7 8 9 10 High

Explain _____

Do you utilize the Imaging Supplies Coalition resources for validating product? (If yes, please elaborate.)

Industry Overview

On a scale of 1 to 10 (10 being the highest), please rank your knowledge of the industry as a whole.

Low 1 2 3 4 5 6 7 8 9 10 High

Explain _____

List at least three other companies you consider to be your competitors:

What separates you from these companies?

Which is the most difficult product brand to source and explain why?



Customer Profile

Total # of active customers: _____

_____ % Retail	_____ % Wholesaler
_____ % Dealer	_____ % Other
_____ % End-User	100% Total

Business References

Reference # 1

Company Name: _____

Individual Contact: _____ Title: _____

Address: _____

Direct Phone: _____ Email: _____

Years Known: _____

Reference # 2

Company Name: _____

Individual Contact: _____ Title: _____

Address: _____

Direct Phone: _____ Email: _____

Years Known: _____

Narrative

With your completed application, please include up to a one page narrative explaining what value you would add to our product offering and company

Submit Completed Application

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