



PMT Corp. • 1500 PARK ROAD • BOX 610 • CHANHASSEN, MINNESOTA 55317 USA • 1-800-MANKIND

Registered Company Name:			
Year Firm Established:		Number of Years at this Address:	
Street Address:		Mailing Address:	
Country:		Country:	
Telephone:		Fax:	
Key Contact:		Title:	
Company Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other			
Names Of Owner(s):		Number of Employees:	
Direct Salesmen:		Agents:	
Technical Service:		Admin:	
Sales Volume for Past Three (3) Years:		Indicate Currency*	
1. , 2003 / 2. , 2004 / 3. , 2005			
MAJOR TYPE OF BUSINESS (list industry)			
<input type="checkbox"/> Distribution		<input type="checkbox"/> Merchandising	
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Service Industry	
<input type="checkbox"/> Other			
MARKETS ADDRESSED			
<input type="checkbox"/> Neurosurgery		<input type="checkbox"/> Orthopedic Surgery	
<input type="checkbox"/> Plastic Reconstructive Surgery		<input type="checkbox"/> Micro Surgery	
<input type="checkbox"/> Other			
LOCATIONS			
1		2	
3		4	
DISTRIBUTED PRODUCTS			
Name of Manufacturer	Website	Medical Market Addressed	Country of Origin
1)			
2)			
3)			
4)			
5)			
Do you currently distribute any products which would directly compete with PMT products?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Do any of your products account for more than 10% of your sales? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Which Ones?			



NEURO MARKETING AND SALES DATA

Who are your three (3) largest customers?

Company Name	Contact Name	Telephone	Fax
1)			
2)			
3)			

Whom do you consider your largest competitors?

Will you send personnel to the U.S. for product training?

YES NO

How do you compensate your sales staff?

How will you market and sell our products?

Your Import Number:

Preferred Freight Forwarder:

Warehouse Locations:

PMT PRODUCT INTEREST

<input type="checkbox"/>	PMT Halo System	<input type="checkbox"/>	Optica Portable LED Headlight
<input type="checkbox"/>	Traction Tongs	<input type="checkbox"/>	Tissue/Breast Expanders
<input type="checkbox"/>	ILSO/ITLSO Orthoses	<input type="checkbox"/>	Permark Cosmetic Tattooing
<input type="checkbox"/>	Cortical & Depth Electrodes	<input type="checkbox"/>	India Ink Endoscopic Marker
<input type="checkbox"/>	CervMax Cervical Collars	<input type="checkbox"/>	Microsurgical Background Material
<input type="checkbox"/>	NeuroSurgical Instruments	<input type="checkbox"/>	Others:
<input type="checkbox"/>	Fukushima Instruments		

SURGEON'S REFERENCE

Name:

Telephone:

Address:

Fax:

Please complete this questionnaire and return with a completed credit application to:

Int'l Sales Dept, PMT Corporation, P.O. Box 610, 1500 Park Road, Chanhassen, Minnesota 55317 U.S.A.

Completed by:

Date: