



New Account Application

We invite you to establish an account by submitting the following application and references with your initial order. All orders are subject to acceptance by the company and its offices.

Pricing- Prices are those in effect at time of shipment and we reserve the right to change prices without prior notice.

Shipping- Shipments are FOB our plant. All goods are carefully packed to minimize or eliminate damage from shipment; however, we are not responsible for damage in-transit. We therefore urge prompt inspection and notification of any such damage. Misdom-Frank & Sklar customer service is prepared to assist you in expediting any claims.

Name: (Trade Name)		Date:	
Street Address of Store:			
City, State & Zip Code:			
Telephone Number:	Resale/ Tax Exempt No.:	Fax:	
Website & Email Address:			
Ownership:	Incorporated <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>
Name of Owners:			
Name of Sales Representative:			
How long in business at present location? () Years			
Primary Suppliers: (List two major suppliers)			
Name:	Address:	Telephone Number:	Fax:
Name of Bank:		Acct. #:	
Address of Bank:		Telephone Number:	
City, State & Zip Code:		Fax:	



Sklar Corporation Dealer Application

Company Name: _____ Date: _____

Telephone: _____

Bill -To-Address: _____

Ship-To-Address _____

Ownership: Incorporated _____ Proprietorship _____ Partnership _____

Length of time in business: _____

Approximate annual sales revenue: _____

Geographic Coverage: _____

Name of Owners: _____

Name of Buyer: _____

Name of Sales Manager: _____

Number of Sales Reps: Inside: _____ Outside: _____

Amount of opening order with Sklar: Min- \$2,500 _____

Amount of last year's instrument purchases: _____

Current instrument vendors with approximate annual revenue: _____

Companies from which you buy German Instruments (Please include dollar volume): _____

Companies from which you buy Pakistan Instruments (Please include dollar volume): _____

List co-ops or purchasing groups with whom you are affiliated: _____

Companies from which you buy German Instruments (Please include dollar volume): _____

Companies from which you buy Pakistan Instruments (Please include dollar volume): _____

List co-ops or purchasing groups with whom you are affiliated: _____

List your three major competitors: _____

Which of your product lines do you sell to the operating room? _____

Estimate your sales percentage to:

Clinics _____ %	Nursing Homes _____ %
Dentists _____ %	Physicians _____ %
Labs _____ %	Schools _____ %
Home Care _____ %	X-Rays _____ %
Hospitals _____ %	Other _____ %
Vets _____ %	



New Account Application

Are you a prime vendor for any hospital purchasing group? If so, for whom? _____

Please spend 10 minutes of your time to help us understand your dealership:

I would like to be a Sklar dealership for the following five reasons:

1. _____
2. _____
3. _____
4. _____
5. _____

My strength as an instrument distributor is: _____

My greatest competitive weakness as an instrument dealer is: _____