

2390 EMAC Way Carbondale, IL 62902 Phone: (618) 529-4525 Fax: (618) 457-0110 www.emacinc.com sales@emacinc.com

## MANUFACTURERS REPRESENTATIVE APPLICATION

CC	DMPANY NAME:		
Α[	DDRESS:		
Cľ	TY / STATE / ZIP:		
W	ebsite URL: E-mail:		
Te	e #: Fax #:		
	ase answer the following as completely as you can, then fax or e-mail this form to the Director of Sales and Marketing EMAC Inc. at 618-457-0110 or sales@emacinc.com.		
1)	How long has your company been in business?		
2)	Number of employees? Number of sales staff that will work with EMAC products?		
3)	☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Company or Partnership ☐ Other:		
4)	☐ Privately Owned ☐ Publicly Traded Stock Symbol (if publicly held):		
5)	ontact for our products:		
	Telephone #: Fax:#:		
	e-mail address:		
6)	What is your company's current primary business focus and what products do you currently sell?		
7)	Are you currently working in the embedded systems market? If so, what products are you selling to your clients?		
8)	What was your company's gross sales volume for all products sold last year?		
9)	What sales territory would you like to have for our products?		



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0) What annual sales do you antic	ipate or intend to target for this	territory relative to EMAC products?
Initial year:		
Year #2:		
Year #3:		
Year #4:		
Year #5:		
How do you plan to market EM relative to EMAC products?	AC products? What will be your	strategic and tactical approaches to your customer base
Are you willing to purchase sale	es demonstration equipment if/s	when you become a EMAC, Inc. representative?
		ou are currently selling product for):
		Doing business since (year):
. ,		
		Credit/payment terms:
ntact person:	Tel:	Fax:
mail:		
scription of products sold:		
ompany #2:		Doing business since (year):
		Credit/payment terms:
		Fax:
mail:		
ompany #3:		Doing business since (year):
ty/State/Zip:		Credit/payment terms:
ontact person:	Tel:	Fax:
mail:		
escription of products sold:		
escription of products sold.		



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---- For Non-North American Dealers Only ----14) Do you have English-speaking sales and/or office staff that will be working with EMAC, Inc? 15) What regulatory requirements exist within the sales territory you have requested relative to embedded systems? 16) Are you willing to have one or more of your staff trained by EMAC on our products? \_\_\_\_\_\_ 17) Please feel free to use the space below to offer any additional information on your company that may help us qualify you as a good choice as a EMAC, Inc. representative: Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

Submission Details: