ClearSmile®
Invisible Aligners Clearly For All

DISTRIBUTOR APPLICATION FORM

1. General Information

Company's Name:		**Phone :**	
Company's Address:		**Email :**	
Type of Firm:	Reseller Distributor Manufacturer Others	**Website:**	
Company's main business :		**Territories:**	
Annual Revenue:		**Products:**	

Sales Portion :	Clinic : _____%	Laboratory : _____%	Others (Specify) : _____%

Number of employees:	Total : _____	Sales : _____	Marketing : _____	Technical : _____	Others : _____

How do you know ClearSmile Asia?	Dental magazine Recommendation Search Engine Dental Exhibition Website

2. Market Intelligence

Total number of clinics in the country	Total number of Labs in your country	Number of clients (Clinics)	Number of clients (Lab)

Top 3 aligner brands in your country

What do you think of the aligner market in your country?

3. Products

Main products that your company is currently distributing / re-selling.

Product	Company	Model	Sale (%)

Have you distributed any aligner brands before?	Yes / No

4. Sales and Marketing Plan

Methods of Marketing Efforts and percentage of marketing budget

Marketing Effort	(%)
Exhibition :	
Advertising :	
Mailing :	
Professional magazine :	
Customer visit :	
Others (Specify) :	

What is your forecast in the next 12 months?	

How many aligner treatment cases can you forecast in a month?	
Do you have after-sales services capabilities?	Yes / No
Please describe your sales strategy for aligners :	
Do you sell through sub-dealers? If Yes, please draw up a list sub-dealers.	

5.   Training capabilities

Do you have your own education program for end-use?	Yes / No	**Do you have an education program for aligners?**	Yes / No
Do you have your own facility for education?	Yes / No	**Do you use the facility for end-user?**	Yes / No
How many trainings do you have annually			