Company Information Form

Company Name: ____________________________________________

Contact Name: ____________________________________________

Address: ________________________________________________

________________________________________________________________

Medical Device Establishment #: _____________________________

Website: ________________________________________________

Email: ________________________________________________

Phone#: ______________________________________________

Fax#: ________________________________________________

1. How long has your company been operating? _______ years.

2. Which of the following best describes your target market(s)?

☐ Dental Market

☐ Medical Market

☐ Industrial Market

☐ Food Services Market

☐ Other ___________________________ (please identify)
3. What other products do you sell?
1. ____________________________
2. ____________________________
3. ____________________________

4. Do you carry any other brands of examination gloves?
☐ NO
☐ YES Which brands?
   a) ____________________________
   b) ____________________________
   c) ____________________________

5. If you currently sell Hedy Canada gloves, who is your main supplier?
_________________________________________________________________________

6. How did you hear about Hedy Canada?
_________________________________________________________________________

7. How many cases (approximately) will you require per month? _____________

8. In what time period does your company pay supplier invoices (in days)?
_________________________________________________________________________

Once you have completed this form, please email it to HEDY Canada
info@hedycanada.com

Signed: ________________________ Date: ________________________