



Dealer application

SECTION 1: INSTRUCTIONS

Scandia utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support Scandia' products. Please follow the instructions for each section. If you have questions about the application don't hesitate to contact us. Return your application to:

Scandia Health Systems Corporation

P.O. Box 636
Eagle Idaho 83616
Tel: (208) 344-2510
Fax: (208) 331-2880

SECTION 2: GENERAL INFORMATION

(Please provide the following information. Include your federal ID and Dun & Bradstreet # if applicable.)

Company Name: _____

Address: _____

Other Locations: _____

Phone: _____ Fax: _____

E-Mail: _____ Web: _____

Federal Tax ID #: _____ Dun & Bradstreet #: _____

SECTION 3: OWNERSHIP

(List any individual or company that owns 20% or more. If you are owned by a parent company - list the parent and the owners of the parent company. Use a separate sheet if necessary.)

Owner Name: _____ E-Mail Address: _____

% Owned: _____ Year Ownership Was Established: _____

SECTION 4: EMPLOYMENT INFORMATION

(Please list the total number of full-time employees in your company. (Do not include your parent company.) Also, provide a breakdown, in percentage terms, of your employees by major functional areas.)

	Number	Percentage of Total
Total Employees		100%
Management		
Sales and Marketing		
Design/installation		
Technical Support/ Service		
Administrative		



SECTION 5: MANAGEMENT

(Please provide a brief profile of the top two managers within your company. You should include their: Name, title, number of years with your company, number of years in the leisure or pool/spa industry and a brief description of their job functions)

Name: _____
Title: _____ Years in Company: _____
Previous Company: _____ Years in Industry: _____
Job Description _____

SECTION 6: MANAGEMENT (Continued)

(Please provide a brief profile of the top two managers within your company. You should include their: Name, title, number of years with your company, number of years in the leisure or pool/spa industry and a brief description of their job functions)

Name: _____
Title: _____ Years in Company: _____
Previous Company: _____ Years in Industry: _____
Job Description _____

SECTION 7: PRODUCTS

(Please provide the following information about the products you are currently selling. Please list sauna and steam bath related companies only, and rank them by your sales of their products)

1. Company Name: _____
Products Sold: _____
Years selling their products: _____
Sales in last 12 months: _____
Projected sales next 12 months: _____
2. Company Name: _____
Products Sold: _____
Years selling their products: _____
Sales in last 12 months: _____
Projected sales next 12 months: _____

SECTION 7: TERRITORY

(Please provide with the area/territory you currently serve.)

1. State, City or County: _____

Authorized Signature Print Name / Title