

Dealer Application Form

I. Company

Company Name: _____ Year est.: _____

Ownership: _____

Address: _____

City: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Homepage: www. _____ Email: _____

II. Organization

ISO Certified? if yes, which _____ No

General Manager: _____ No. of Employees: _____

Marketing & Sales Department:

Responsible Manager: _____ Email: _____

Number of Salesmen: _____

Product Management:

Responsible for X-Ray Equipment: _____ Email: _____

Service Department:

Responsible Manager: _____ Email: _____

Number of Service Engineers: _____

Purchase Department:

Responsible Manager: _____ Email: _____

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III. Business

Do you have show room facilities: Yes No

Do you have Warehouse facilities: Yes No

In what geographical territory do you sell?	
Do you manufacture or private label own products, if yes mention?	
Which manufacturer do you represent <i>or did you represent in the past</i> (indicate exclusive or non-exclusive)	
Has any of your engineers been trained on X-Ray equipment? If yes, who and which equipment?	
Which test equipment are you currently using? PC, kV/mA and dose test equipment. Quantity and Type	

Approximate % of revenue by product is:
_____ % X-Ray Generators
_____ % X-Ray Equipment
_____ % Mobile X-Ray
_____ % Film, Chemicals, etc.
_____ % MRI, CT
_____ % CR, DR, PACS

You primarily sell to:
_____ % Medical Praxis
_____ % Hospital
_____ % Chiropractic
_____ % Veterinary
_____ %
_____ %

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IV. Local Market Situation X-Ray Diagnostic Products

Please state which company is now supplying, which equipment in this market / product segment

	Total market potential in units/year	Supplier/Brand (market share in %)
X-Ray Generator		
Multi-purpose radiological Systems		
Bucky Table Systems		
DR / CR Systems		
Others (please specify)		

Who mainly specifies tenders?

government

private

What kind of installations are made?

_____ % systems

_____ % replacement (X-Ray Generator)

V. Required Configuration

	Standard Configuration for Systems of for Replacement Business
AEC Chambers <i>i.e. Comet, solid-state</i>	
Tubes <i>i.e. SIEMENS SV150</i>	
Fluoroscopy <i>i.e. pulsed / continuous, please state image intensifier</i>	
Peripherals <i>i.e. power supply for bucky table</i>	
Others (please specify)	

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VI. Environment

Power Supply Voltage
*single phase, 3 phase, with/without
 neutral, grounding?* _____

Power Frequency
50Hz, 60Hz? _____

Power Tolerance +- % _____

VII. Regulatory Affairs

Please state what local standards and legislation require.

Control panel / Display Language English is sufficient national language required

User Manual Language English is sufficient national language required

Technical Documentation Language Yes No

are your service engineers able to understand and work with technical documentation in English?

Required Certifications _____
 i.e. CE, FDA, CSA, GOST, KFDA

Declaration of Conformity _____
 Is it allowed to assemble certified components to a system (different manufacturer) or are only certified systems (one manufacturer) approved?

VIII. Documentation

Please send us any available documentation of your company: Business Report, Organization Diagram, PR Folder, Company Profile, Product Brochures etc.

Please return the application by mail to: Roland Koch, CEO
 STADLER ELEKTRONIK AG
 Bahnhofstrasse 16
 6014 Littau, Switzerland

or by fax to: 0041 41 250 56 77