



Please complete and mail or fax to:

MTC Healthcare Ltd.
34 – 35 Ormond Quay Lower
Dublin 1
Ireland
Email: info@mtchealthcare.com

Company Name	
Contact Name / Title	
Company Address	
Company Structure (check)	(<input type="checkbox"/> Proprietorship) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
Owner/Managing Principal	Name :
Telephone	
FAX	
Website Address	
Email Address	
How long has your Company been in business?	
Number of Employees	
Describe your main customer base and type of business.	
Why are you interested in breath alcohol testers as a product or category?	

Do you operate or sell through...(check all that apply)	Personal Calls _____ Retail Store _____ Catalog _____ Training Contacts _____ Internet Sales _____ Reps _____ Sub Dealers _____ Mail Order _____ Telemarketing _____ Other: _____
What other products does your Company handle?	
What other products do you manufacture or market?	
Does your company carry product liability insurance? If so, name carrier and amount.	
Briefly explain your company's experience in marketing breath alcohol testing products or related/similar products or services?	
Do you provide any technical service or repair for any products sold? Are you set up for secure on-line e-commerce?	
Portable Breath Alcohol Testers are sold into many different markets with widely varying levels of complexity and regulation. As far as possible, please check all applications that you are now selling into or plan to sell into. (Note: This information is important so that we can help you determine which products you will be purchasing and the specific training required)	_____ DOT regulated workplace (i.e. transportation industries) _____ Non-DOT workplace (i.e. manufacturing, construction, etc.) _____ Law Enforcement (Police, Sheriff, et.c.) _____ Corrections (Prisons, Parole, Probations, Rehab, etc.) _____ Personal / Consumer Use _____ Schools, Businesses, Bars, Casinos, Campus Security, etc _____ Marine / Boating / Maritime _____ Other – Describe _____

NOTE: Please attach company literature, annual statement, or other descriptive materials if available.

By signing below, applicant requests consideration to distribute certain MTC Healthcare products, and agrees that all information exchanged between parties will be held in confidence by both parties. Applicant understands that qualification requirements for distribution of MTC Healthcare products include a signed agreement and specific arrangements for product training.

Signature

Date