



**Bioptechs, Inc.**  
**Domestic Distributor Agreement Request Form**

Thank you for your interest in our products. To assist us in preparation of your distributor agreement please supply the following information. Thank you in advance!

**Date:**

**Company name:**

**Contact person:**

**Corporate officer:**

**Address:**

**Line 2:**

**Line 3:**

**Country:**

**Phone:**

**Fax:**

**E-mail:**

**Web Address:**

**Federal ID number:**

**Related product line/s:**

**Territory:**

**Business hours:**

**Time zone:**

(hours  $\pm$  U.S. Eastern Standard)

**Reference 1**

U.S. mfg. of scientific inst. with Address, Contact Name and Phone #:

**Reference 2**

U.S. mfg. of scientific inst. with Address, Contact Name and Phone #:

**Reference 3**

U.S. mfg. of scientific inst. with Address, Contact Name and Phone #:

**Please Send Bioptechs a Copy of Your Catalog**

**Bioptechs, Inc.**

**Domestic Sales Department**

**3560 Beck Road**

**Butler, PA 16002**

**USA**