



Agent Qualification/Information Form

Name: _____ Fax Number: _____
Company/Organization: _____ Phone Number: _____
Address: _____ E-Mail: _____
_____ Website: _____
City: _____ President/Manager Director: _____
Country: _____ Postal Code: _____ **DAIGGER** Contact: _____

Annual Sales (US \$): _____ No. of Sales Representatives: _____

Does your company produce it's own catalog? _____

Please list the regions where your sales activities are concentrated:

Please list products/manufacturers you are currently importing:

Please list products/manufacturers you are looking to import:

Please list your Top 5 customers for laboratory supplies:

Please return completed form to:

Daigger Scientific, Inc.

Attn: Export Sales • 620 Lakeview Parkway • Vernon Hills, IL 60061 USA
Phone: (847) 816-5060 • Fax: (847) 816-5051 • Email: export@daigger.com