Pascal International, Inc. • PO Box 1478 • Bellevue, WA 98009-1478 •
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INTERNATIONAL NEW DEALER APPLICATION

COMPANY NAME:		YEAR ESTABLISHED:	
TELEPHONE :		FAX NO.:	
WEBSITE:			
MAILING ADDRESS:			
SHIPPING ADDRESS:			

	NAME	TITLE
PRINCIPALS:	1)	
	2)	

AUTHORIZED PURCHASING AGENT:	
EMAIL:	

I AFFIRM THAT THE COMPANY LISTED ABOVE IS A LEGAL ENTITY WITHIN SAID COUNTRY AND IS AUTHORIZED TO IMPORT AND DISTRIBUTE:

MEDICAL DEVICES ☐

PHARMACEUTICAL PRODUCTS ☐

PRINT NAME OF PERSON COMPLETING THIS FORM:		TELEPHONE:	
		EMAIL:	
SIGNATURE:		DATE:	

Please return completed form to Pascal by fax or email to tklein@pascaldental.com