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## 1. Your Company address and Contact Details:

Company:

Department:

Street:

ZIP / City:

Contact person:

Phone:

Mobile:

E-mail:

## 2. Interested in the following Products and Distribution:

- |  |  |
|--|--|
| <input type="checkbox"/> General Surgery               | <input type="checkbox"/> Arthroscopy Instruments         |
| <input type="checkbox"/> Cardiovascular Surgery        | <input type="checkbox"/> Orthopedics                     |
| <input type="checkbox"/> ENT                           | <input type="checkbox"/> Neurosurgery and Aneurysm clips |
| <input type="checkbox"/> HF Instruments                | <input type="checkbox"/> Osteosynthesis                  |
| <input type="checkbox"/> Sterilizing-Container Systems |  |

## 3. Questionnaire concerning the above mentioned products:

Years of experience in selling the above mentioned Products:

Other Products in Portfolio or Area of business:

Biggest Competitor of a.m. Products in the market:

Focus Clients - MOH or Private Clinics:

Sales People in organization (without Sub-Distributors):

Service and Maintenance Employees:

Annually Turnover in EUR or USD:

Area of Business - complete Country or Regions in Country: