

Thank you for expressing an interest in becoming an International Distributor for Aspen Surgical Products, Inc. At Aspen Surgical, we take our purpose and mission very seriously. Every day, we strive to make a difference. Every day, we hold ourselves to a higher standard. Every day, we provide quality products, impeccable customer service, and a consultative approach. We believe in the strength of our products, but it is our People, Quality, Manufacturing Capabilities, Brands, and Safety Solutions that truly set us apart.

Prior to determining the eligibility of partnering together, we would like to know more about your company. Please review and complete the questionnaire below and return it to Aspen Surgical at: **customerservice@aspensurgical.com**. Your responses will be reviewed internally, and you will be notified of the next steps.

Questionnaire

Company Legal Name (and DBA if applicable): _____

Company Website _____ Business Type: Distributor Kit Packer Other: _____

1. List the Geographical Markets you sell to:

2. List the Target Markets in which you are (or anticipate) distributing to:

3. List the Aspen Surgical products you are interested in distributing:

4. Do you currently distribute any Aspen Surgical product categories today? No Yes, please list below:

5. List other medical device companies which you currently distribute for:

Thank you for providing the requested information. If further information is needed, you will be contacted directly.