

TO: Dental Supplier
FROM: Solmetex
RE: Dealer Application

Please find attached:

- Solmetex pricing policy
- Dealer application form

New dealer applications are reviewed on a monthly basis

Fax your completed application to Solmetex at 508-393-1795 or email to sales@solmetex.com.

All product information can be found at www.solmetex.com.

Thank you for your interest in our products! Please call if you have any questions.

Greetings,

Solmetex has become the market leader with the Hg5 amalgam separator, thanks entirely to our dealer network. We recognize that without the loyal support of our dental suppliers, much of our success would not be possible.

In the interest of maintaining dealer relations, Solmetex has developed a corporate policy related to all print advertising, including internet. Printed pricing of Solmetex products cannot be less than 5% of the suggested retail price of the product.

Solmetex is in no way restricting or dictating pricing structure for you as a dealer. If a customer contacts you directly and you wish to lower your price at that time, Solmetex respects your right as a dealer to sell our products at any price.

As an approved dealer we have set an annual sales goal of \$3,500 and we require that you make an initial stocking order of 3-Hg5 Amalgam Separators within 30 days. If your sales goal is not achieved your account may be closed. In order to achieve premier status and a listing on our website, a dealer must have \$5,000 in sales yearly.

Additionally, sales into Canada are handled through an import/export firm to ensure the integrity of the mercury recycling program according to Canadian law. Solmetex asks that all dealers respect this arrangement to ensure that no environmental regulations are compromised. Therefore, Solmetex does not permit any selling or advertising of our amalgam separator into Canada from non-Canadian dealers.

Violation of these Solmetex Corporate Policies will result in the termination of the violating party as a dealer for the Solmetex product lines.

If you have any questions related to this letter, please feel free to contact me.

Respectfully,

Michael Toole
Solmetex
Vice President Sales and Marketing

DEALER APPLICATION

DEALER NAME _____

STREET ADDRESS _____ P.O. _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ WEBSITE _____

TELEPHONE _____ FAX _____

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE EMAIL (required) _____

BANK NAME _____

CITY _____ STATE _____ ZIP _____

BANK TELEPHONE _____ ACCOUNT# _____

*If you wish to pay with credit card, Solmetex accepts MasterCard, Visa and American Express.
Credit card information must be included with opening order.*

Please provide 3 trade references below. Include telephone, fax and your account number with the company

1. _____

2. _____

3. _____

COMPANY INFORMATION

Years in business _____

Method of Distribution (check all that apply):

_____ Sales Reps _____ Catalog _____ Telephone _____ Internet _____ Service

_____ Number of Employees

_____ Sales

_____ Service

Do sell an amalgam separator currently _____ If yes, which one(s) _____

Current product lines distributed:

Annual projected unit sales:

Amalgam Separator _____

Replacement Collection Containers _____

Additional information:

FAX COMPLETED FORM TO 508-393-1795 or email to sales@solmetex.com