



Dear Prospective Distributor Partner,

Thank you for your interest in representing Paradigm Spine's coflex® products.

To begin the contracting and onboarding process, please review and complete the documents included in this packet and return by email to salesinquiries@paradigmspine.com.

- Request for Information (2 pages)
- W-9

Please be sure to complete the forms in their entirety and follow the instructions provided on the form. Incomplete forms may be returned for completion and will delay the contracting and onboarding process. You will receive a confirmation of receipt from sales operation personnel after a form has been verified as complete. Completed forms will be reviewed by Paradigm Spine sales management within 10-14 business days. Please note that completion of a form does not guarantee you will be offered a contract. If your request is approved and proceeds to contracting phase, you will be contacted by a member of Paradigm Spine's sales team for further follow-up. There is no need to send additional correspondence relating to this matter to Paradigm Spine's sales management in the interim. Any additional discussions will not be incorporated into your contract request, and will substantially delay the review process.

Note: The contracting process will require each potential distributor to satisfy Paradigm Spine's sales training program, as well as satisfy any compliance documentation before your contract is considered complete. Until these requirements are satisfied, you are not authorized to engage any healthcare professionals on behalf of Paradigm Spine and do not represent the company in any respect. These requirements may include, among others:

- Non-compete verifications
- Sanction Screening
- Disclosure of Physician Ownership and/or other Financial Relationships

If you have any questions or concerns regarding the completion of the documents, please submit them to salesinquiries@paradigmspine.com. Your inquiry will be forwarded to the appropriate party for follow-up. We look forward to working with you.

Thanks.

Jeremy Laynor
VP of Sales

Request for Information

All fields must be completed by Applicant unless marked “*optional*”

Profile Information

Legal Name

d/b/a (if applicable)

Business Address - *See Note 1*

City State ZIP

Name of Applicant

Title

E-mail Address

Phone Number

Number of Employees/Representatives

List Contact Info on Next Page

Paradigm Spine Product Line(s)

_____ coflex[®]

_____ coflex-F[®]

Other Product Lines or Business Affiliations

See Note 2

Principal Surgeon Territory Requested

See Note 3

Internal Paradigm Spine Contact (if any)

Note 1: List the business name and address under which your company is organized. Forms containing business names and/or addresses that cannot be independently verified will be returned for correction and/or clarification.

Do not list your home address unless it is your registered business address.

Note 2: If you sell, market, support, or are otherwise engaged to “carry” spine products or other medical technologies, disclosure is required to proceed. If you do not, write in “None”. This disclosure is intended to assist Paradigm Spine in verifying any non-competition risks or other contractual restrictions.

Failure to complete this section will result in your application being returned for completion.

Note 3: Your request will be reviewed and verified by Paradigm Spine sales operations personnel to ensure no conflicts exist. Initially, your contract Territory will not include any exclusivity. The Territory will be reviewed at least semi-annually to reflect demonstrated recent business activity.

Request for Information
(continued)

Additional Owners/Principals

	<u>Name</u>	<u>Phone Number</u>	<u>E-Mail</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Employees/Representatives

	<u>Name</u>	<u>Phone Number</u>	<u>E-Mail</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

Note: You are responsible for verifying each of your employee and/or representatives non-compete status.