

MAR003BD - Distributor Questionnaire

This form is to be filled, wherever applicable, and sent back by mail to admin@nfufanchise.com or by fax to +961 1 390592

1. Individual/Company Information

Individual/Company Name: _____ City: _____ Country: _____
 Telephone/Fax Number: _____ Company Website: _____
 Contact Person for Sales & Marketing: _____ Email address: _____ Phone #: _____
 Company's revenue: Last year Total Sales (\$): _____ Current year Total Sales (\$): _____ Projected Next year Sales (\$): _____
 Workforce: Total employees: _____
 Geographical market coverage: National (which area(s) : _____)
 International (which area(s) : _____)

2. Sales Profile

- Specify your top 3 target markets (e.g. Hospital, Universities, Schools, Dietitians, Doctors, Health Care, etc.):

1st Market: _____ Type of user: _____ % of Total Annual Sales: _____
 2nd Market: _____ Type of user: _____ % of Total Annual Sales: _____
 3rd Market: _____ Type of user: _____ % of Total Annual Sales: _____

- Suppliers and products currently represented by importance (indicate if under exclusive basis):

Company	Yearly Sales \$	Product Line	Contact person	Business since

- Previous distribution of competitive products for NUMED? YES NO
 - Actual distribution of competitive products for NUMED? YES NO

If yes, list them please: _____

3. Market

- Market forecast (next 2 years): Decline Flat Growth

- Major competitors for NUMED in the market:

Competitor (Name)	Market share	Main Strengths	Main Weaknesses

4. Marketing Structure

Events/Exhibitions Direct Marketing (Salespersons, Phone calls, Meetings)

Please detail your marketing strategies and how you wish to introduce NUMED to your target market:

5. Interest

Distributor - Non-exclusive Distributor - Exclusive Franchise

Questionnaire completed by: _____ Date: _____ Signature, Corporate Seal: _____