

Prospective Business Partner Questionnaire

Please return completed questionnaire to:

General Information

Company name: _____

Company address: _____

Telephone: _____

E-mail: _____

Fax: _____

Cable: _____

Company Organization: Sole Proprietorship____ Corporation____ Partnership____

Limited Liability____ Other_____

Date organized_____

Principal officers or owners: _____

1) Name: _____

2) Name: _____

Title: _____

Title: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

If your company is a subsidiary, list the name and address of parent company:

Describe your company's major business activities:

List all your company's branch offices and/or representatives:

Please identify the individual (s) in your company responsible for sales, service, and administration:

- Sales: _____
- Service: _____
- Administration: _____

FINANCIAL INFORMATION

Sales for last year: _____

Sales for current year: _____

Sale forecast for next year: _____

Your company's paid-in capital: _____

Bank name and complete address: _____

Business references (U.S. references would be appreciated), including names, address, and person to contact:

a) _____

b) _____

c) _____

Please attach current financial statement and/or annual report.

MARKETING INFORMATION

Are you currently a representative, dealer or distributor of (identify product line)?

Yes ____ No ____

Describe types of products represented or sold, including brand names:

How long have you been in the (specify product are) business? _____ years.

Note below the government or private organizations with whom you have good current liaison:

Are you currently an agent or representative of any other company which manufactures product similar to (specify product are)?

Yes ____ No ____

If yes, name of companies



Do you have an objection to our contacting any principals? Yes ___ No ___

What are your geographic sales for the above listed product (s)?

Projected sales of our products for the next fiscal year

Will you maintain product for demonstration in your country? Yes ___ No ___

Please describe your product display facility and/or product demonstration procedures:

TECHNICAL INFORMATION

Do you have your own service facility and workshop for repairs and overhaul of products? Yes ___ No ___

If no, do you contract with an outside service contractor? Yes ___ No ___

Name and address of outside service contractor:

Company name: _____

Contact: _____

Company address:

Telephone: _____

Fax: _____

Email: _____

If you do not have a service facility, are you willing to establish one for support of our products? Yes ___ No ___

If yes, when?
