



Potential Distributor / Representative

Company Name: _____

Contact Name: _____

Address: _____

Telephone: () _____

Fax: () _____

e-mail: _____

Web URL: _____

Company History

Overview: (date founded, current ownership, etc.)

What other business are you in? (manufacturing, engineering, repair)

Do you have a Quality Management System? Are you ISO 9001 certified?

What services do you offer? (product demos, training, product design)

Offices/Staffing

How many offices do you have? _____

Where are they located?

Staffing levels by dept. (Sales, C. Svc., Engineering, etc.)

What sales territories do they cover?

Marketing

Total number of accounts and industry breakdown

Which products are primarily sold and in what general price range?

Which contact management software is used?

Are sales forecasts regularly done? _____

List marketing methods used (trade shows, direct mail, web, etc.) and give details:

How is your company COMPATIBLE and COMPLEMENTARY with ALICAT'S Mission and Products?

Are you prepared to commit to TRAINING SALES PERSONNEL and PURCHASING DEMO EQUIPMENT?

Comments or questions.....

Please Provide Four Credit and/or Client References

1. Company Name: _____

Contact Name: _____

Telephone: () _____ **Fax:** () _____

2. Company Name: _____

Contact Name: _____

Telephone: () _____ **Fax:** () _____

3. Company Name: _____

Contact Name: _____

Telephone: () _____ **Fax:** () _____

4. Company Name: _____

Contact Name: _____

Telephone: () _____ **Fax:** () _____