

Distributor Questionnaire

Please return this completed Questionnaire to:

Your Company Name: _____

Address: _____

Email Address: _____

Telephone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

General Information

Company Name: _____

Address: _____

Email Address: _____

Telephone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

Skype Name: _____ Twitter Name: _____

Company Organization (Please Check):

Proprietorship Corporation Partnership Limited Liability

Country Organized: _____ Date Organized: _____

Principal Officers and Owners:

1. Name: _____ Title: _____
Phone Number: _____ - _____ - _____ Email: _____
2. Name: _____ Title: _____
Phone Number: _____ - _____ - _____ Email: _____
3. Name: _____ Title: _____
Phone Number: _____ - _____ - _____ Email: _____
4. Name: _____ Title: _____
Phone Number: _____ - _____ - _____ Email: _____

If you are a subsidiary, please give the name, address, and phone number of your parent company:

Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Phone Number: _____ - _____ - _____

Describe your company's major business activity:

Please list all of your company's branch offices and representatives:

1. Name of Branch: _____
Name of Representative: _____
Phone Number: _____ - _____ - _____ Email: _____
2. Name of Branch: _____
Name of Representative: _____
Phone Number: _____ - _____ - _____ Email: _____
3. Name of Branch: _____
Name of Representative: _____
Phone Number: _____ - _____ - _____ Email: _____
4. Name of Branch: _____
Name of Representative: _____
Phone Number: _____ - _____ - _____ Email: _____

Please identify individuals in your company responsible for sales, services, and administration:

Sales:

1. Name: _____ Phone Number: _____ - _____ - _____
Email: _____
2. Name: _____ Phone Number: _____ - _____ - _____
Email: _____
3. Name: _____ Phone Number: _____ - _____ - _____
Email: _____

Services:

1. Name: _____ Phone Number: _____ - _____ - _____
Email: _____
2. Name: _____ Phone Number: _____ - _____ - _____
Email: _____
3. Name: _____ Phone Number: _____ - _____ - _____
Email: _____

Administration:

1. Name: _____ Phone Number: _____ - _____ - _____
Email: _____
2. Name: _____ Phone Number: _____ - _____ - _____
Email: _____
3. Name: _____ Phone Number: _____ - _____ - _____
Email: _____

Financial Information

Sales (U.S. Dollars) for the last year: _____

Sales (U.S. Dollars) for the current year: _____

Sales Forecast: _____

Your company's paid-in capital: _____

Bank Name and Address:

Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Phone Number: _____ - _____ - _____

Business References:

1. Name of Business: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Name of Contact: _____ Phone Number: _____ - _____ - _____

Email: _____

2. Name of Business: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Name of Contact: _____ Phone Number: _____ - _____ - _____

Email: _____

3. Name of Business: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Name of Contact: _____ Phone Number: _____ - _____ - _____

Email: _____

Please include a current financial statement and/or marketing report with this document.

Marketing Information

Are you currently a representative, dealer, or distributor of metallography equipment and consumables?

Yes

No

Are you currently a representative, dealer, or distributor of any other products or industries? If yes, please list below:

Is this representation/distribution your only business activity?

Yes

No

If no, please list your other businesses below:

1. _____
2. _____
3. _____

If you have a brochure or line card with all of the companies you represent, please attach it to this document.

What is the approximate volume of Business?

How is the volume allocated over the companies you represent?

What Market Segments do you work with?

What is your approach to selling throughout the United States?

How many employees do you have in total and how many are devoted to this part of your business?

Are your employees located in one central location or in offices across the country?

Do you have offices in several cities or do you work with independent sub-distributors?

If you work with sub-distributors:

How is this organized?

How is your relationship with the sub-distributors?

Please describe why your current line of products is a good match for your company:

How long have you been in the metallurgy business? _____

How long have you been in your other business(es) _____

Please list the PACE products you are interested in selling:

Consumables Metallographic equipment Microscopes Hardness Testers

Other: _____

Are you currently a representative or agent for any other company that manufactures products that are similar to our products? Yes No

If yes, please list the company name(s) below:

1. _____

2. _____

3. _____

Do you have any objection to us contacting such principals? Yes No Not Applicable

What is your geographic sales area for the equipment/products listed above?

Can you help us understand the size of the market for our products? Please provide examples of other products and compare your country to another country, it would be helpful:

What can you advise about the demand of our product(s) in your country?

What are the projected sales of all your products for the next fiscal year (U.S. Dollars)? _____

What are the projected sales of our products for the next fiscal year (U.S. Dollars)? _____

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

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

Regulatory Information

1. Do you agree to comply with U.S. export regulations (see following web page for more information <http://www.bis.doc.gov/>)? Yes No
2. Do you understand and agree to disclose the Ultimate consignee for our products by properly providing us the U.S. Bureau of Economic Security Form BIS 711 – see attached? Yes No
3. Do you agree not to sell or to sell to sub agents/distributors which intend to sell into restricted countries (e.g. South Sudan, Iran, North Korea, Cuba, Syria) or to any persons on the US government consolidated denied parties list)? Yes No

If you answered “NO” to any of the above regulatory questions please explain.

If you answered "NO" to any of the above regulatory questions are you planning to get an export license through the US government?

IF SO WE NEED A COPY FOR OUR FILES before we can release the shipment.

Yes

No

What is the regulatory process for importing product into your country?

What is the regulatory process for selling products in your country?

Please describe the registration process:

Technical Support

PACE Technologies believes that it is very important that we can provide our customers technical support (e.g. provide recommended specimen preparation procedures, set-up and demo the equipment, etc.?)

Do you have any persons within your organization that have experience in metallographic specimen preparation?

Yes

No

Would you be willing to send someone from your organization to attend one of our specimen preparation training courses?

Yes

No

Service Information

Although we design the equipment to be easy to service, we still highly recommend that you attend one of our service training seminars. Would you be interested in attending one of our service training seminars?

Yes

No

Do you have your own service facility and workshop for repairs and overhaul of your company's products and other equipment?

Yes

No

If you answered "NO" above, do you contract with an outside service vendor? Yes

No

If "YES", please give the name and address of the outside service vendor:

Company Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

Website: _____

Name of Contact: _____ Phone Number: _____ - _____ - _____

Email: _____

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

If yes, when? _____

Test Equipment for Servicing Products

Please list your products:

	Item	Model	Specifications
a.			
b.			
c.			
d.			
e.			

Please attach a list of your test equipment, if available.

How long have you serviced or installed products in the metallurgy industry? _____ years.

Signature

_____ (your company name) promises to keep the contents of this distributor questionnaire confidential and promises that the information contained in this document is true and accurate to the best of your knowledge. Please attach any additional relevant documents or comments that may be helpful to our evaluation. Thank you.

Questionnaire Completed By:

Name _____ Title _____

Signature _____ Date: _____