

DISTRIBUTOR INQUIRY FORM

Please complete this form

COMPANY INFORMATION

Name	_____		
	Address	_____	

		_____	Post Code
Phone	_____	Fax	_____
E-mail	_____	Website	_____

CONTACT PERSON

Director	_____
Email Address	_____
Marketing Manager	_____
Email Address	_____

COMPANY DATA

Year established	_____			
Number of employees	_____			
Number of marketing staff	_____			
Large of warehouse	_____	Temperature	_____	
Storage method	_____			
Distribution vehicles	Trucks	_____ Unit	Cars	_____ Unit
	Others	_____		
	_____	_____	_____	_____

Distribution areas	_____	_____
	_____	_____
	_____	_____

Products you marketed in current time	1 _____	2 _____
	3 _____	4 _____
	5 _____	6 _____
	7 _____	

Marketing method	<input type="checkbox"/> Modern Market	<input type="checkbox"/> Drug Store
	<input type="checkbox"/> Clinic / Professional	<input type="checkbox"/> Beauty Salon
	<input type="checkbox"/> Others	_____

Market analysis in your country	_____

Chances of our products in your country	Immortal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Aphroderma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Dr Refina	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Amaranthine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Men's Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Bali SPA Expert	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Actifem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Cosmetotextile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Private Label	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

1 Very Good **2** Good **3** Fair **4** Poor