

Phoenix Dental, Inc.
Distributor Questionnaire

Thank you for your interest in Phoenix Dental's product line. The purpose of this questionnaire is to provide Phoenix Dental with some basic information regarding your company.

I. Contact Information

- a. Company Name:
- b. Company Address:

- c. Country:
- d. Company Telephone Number(s):
- e. Fax Number:
- f. E-mail Address:
- g. Company Website:
- h. Name or Primary Contact and Title:

II. Company Information

- a. How many years have you been in the dental distribution business?
- b. How many employees by category (i.e., administration, sales, marketing) do you currently employ?
- c. What are the other products of similar type do you import and distribute?

- d. What experience do you have with regulatory agencies and the import regulations in your country?

III. **Market Information:**

- a. What are the primary ways (i.e., dental depots, direct sales) dental products are sold to dental professionals (i.e., dentists, assistants, hygienists) in your country?

- b. What are the expenses associated with importing products to your country? What percentage are the import duties?

- c. How will you market and advertise the products to retailers, consumers, etc.?

Phoenix Dental, Inc.
Distributor Questionnaire

- d. What are your forecasted/estimated sales of our products (by product name) per month for the first year?

IV. **Distribution Information:**

- a. What is the number of dental offices and/or sub-distributors that you currently service?

- b. What methods do you use to service and support your customers?

- V. **Other-** anything else you would like to tell us about your company:

Please fax completed questionnaire to Phoenix Dental at (810) 750-7495 with the subject line "Attention: New Distributor" or scan and email the completed questionnaire to info@phoenixdental.com