

PARTNERING APPLICATION

General

Name of company: _____

Type of company: _____

Date of registration: _____ Place: _____

Head office: _____ Works: _____

Telephone: _____

Fax: _____

Email: _____

Branch office: _____

Telephone: _____

Fax: _____

Email: _____

Parent company: _____ Owners: _____

Telephone: _____

Fax: _____

Email: _____

Contact: _____ Designation: _____

Sales: _____

Service: _____

Administration: _____

Other: _____

Describe the company's major business activity: _____



Publications advertised in: _____

What is your estimated market size for our products in your country?: _____

On a scale of 1 (low) to 10 (high), how do you rate our Products versus our competitors?: _____

Why?: _____

On a scale of 1 (low) to 10 (high), how do you rate your organisation versus its competitors?: _____

Why?: _____

Projected sales of our product range for the next 3 years: _____

How do you expect to achieve this sale: _____

Technical

List all equipment available for servicing.

If you do not have a service facility, are you willing to establish one for support of our Products?: _____

Would you be willing to send (at your expense) an Engineer/Technician for one week technical training to our facility within 3 months of contract?: _____

The Company promises to keep the contents of this questionnaire confidential. Please attach any comments or documents helpful to our evaluation.

Person: _____ Designation: _____

Signature: _____ Date: _____