



Agent/Distributor Questionnaire

Company: _____ Date: _____

Address: _____

City: _____ State/Country: _____

Phone: _____ Fax: _____

Principal Officer/Owners _____

Company Information:

- (1) Legal form of Company: _____
- (2) When was Company established: _____
- (3) How many Sales Personnel: _____
- (4) How many total employees: _____
- (5) Are you a stocking distributor/agent: _____

Company Marketing Information:

- (1) Do you have printed brochures: _____
- (2) If so what type: _____
- (3) Do you exhibit trade shows: _____
- (4) How often do you contact customers: _____
- (5) By what means do you contact customers: _____
- (6) What are your target markets: _____
- (7) What other lines do you represent: _____
- (8) What Territories do you cover: _____

Other Marketing Information:

AMS Inc.
105 Harrison
American Falls, ID 83211-1230 USA
1-800-635-7330
Fax: 208-226-7280

Financial Information:

Sales (USD) for last current year: _____

Bank: _____

Contact: _____

Address: _____

City: _____

Country: _____ Postal Code: _____

Tel: _____ Fax: _____

Please include list of credit references

Your e-mail address: _____

Website Address: _____