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

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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: __________________________