

PROSPECTIVE DISTRIBUTOR QUESTIONNAIRE – INTERNATIONAL

Please complete and send to the following address:

info@united-compressor.com

Or the UCS employee whom you have communicated with.

Confidentiality Notice:

All information provided herein is considered confidential and will not be shared by UCS with any third party without the written consent of an authorised representative of the applicant.

The following information must be provided to be considered an authorised distributor of UCS products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUTE A CONTRACT OR ANY OFFER FOR DISTRIBUTORSHIP. UCS RESERVES THE RIGHT TO ACCEPT OR REJECT DISTRIBUTOR APPLICATIONS AT ITS SOLE DISCRETION.

Prepared by

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# I. COMPANY INFORMATION

|  |  |
| --- | --- |
| Company Name: |  |
| Type of Entity: |  |
| Organised under the laws of:  |  |
| Street Address (include P.O. Box): |  |
| City/State/Province: |  |
| Postal Code/Country: |  |
| Telephone No.: (Country Code) + (Main Number) + (Extension) |  |
| Website:  |  |
| Contact Information: |  |
| Name |  |
| Title |  |
| Mobile No.: (Country Code) + (Main Number) |  |
| Email address: |  |
| Please indicate below your primary type of business: | □ Manufacturer □ Distributor □ End-user □ Other - describe below |

# II. ORGANIZATION

1. What year was your business established?
2. Which countries do you wish to distribute UCS products besides your own?
3. Is your company a division or subsidiary of another company?

□Yes □No

If yes, please list the name and location of the parent company and affiliates:

1. How many people does your company employ?
2. How many sales representatives are in your company?
3. Does your company sell through independent sales representatives, agents, or distributors?

□Yes □No

If “yes”, please provide a brief explanation:

1. Please provide us with your company’s sales (in USD) of compressors for the following years:

|  |  |
| --- | --- |
| 2019 US $ |  |
| 2020 US $ |  |
| 2021 US $ |  |
| 2022 US $  |  |
| 2023 US $ (Projected) |  |

1. List the names of the following principal executives:

|  |  |
| --- | --- |
| President/CEO: |  |
| Managing Director/General Manager: |  |
| Vice President/Manager – Sales: |  |
| Vice President/Manager – Marketing: |  |

# III. SALES & MARKETING

1. How many sales representatives will be selling our products?

Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

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Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

1. Are these sales representatives experienced in Air Compressor/Pneumatic Equipment/Engineering Machinery sales?

□Yes □No

1. Will you hire or appoint a marketing manager for our products?

□Yes □No

If No, please explain:

1. What are the active Air Compressor Brands in your country currently?
2. What are the mainstream air compressors to serve the market needs in your country currently? In terms of Power rating, Pressure range, Free-Air-Delivery, and the types of compressors?
3. What other brands of compressors do you distribute? Will you still cooperate with them in the next three years?
4. Does your company have active premises for store sales of air compressors and a service team to provide after-sales support?
5. Does your company have active premises for store sales of air compressors and a service team to provide after-sales support?
6. How do you promotionally support your product lines in general? Advertising Promotions
	1. □ Trade Shows □ Direct Mailings □ Trade Magazines □ Newsletter
	2. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Number of Accounts and Distribution channels
	1. Total No. Accounts: \_\_\_\_\_\_\_\_\_\_
	2. Total No. Distribution Channels: \_\_\_\_\_\_\_\_\_\_
8. What Industry do you focus on?

□ Electronics

□ Food & Beverage

□ Medical

□ Packaging

□ Paper & Printing

□ Petrochemical Industry

□ Pharmaceutical

□ Power Industry

□ Sewage Treatment

□ Textile

□ Transportation

□ Wood Processing

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you currently purchase UCS products?

□Yes □No

If Yes:

□ Directly from UCS

□ From Distributor (Please identify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the specific Tariff Rates/Import Duties on Air Compressors for each Country/Territory where you wish to distribute UCS products?

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tariff Rates/Import Duties: \_\_\_\_\_%

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tariff Rates/Import Duties: \_\_\_\_\_%

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tariff Rates/Import Duties: \_\_\_\_\_%

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tariff Rates/Import Duties: \_\_\_\_\_%

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tariff Rates/Import Duties: \_\_\_\_\_%

1. Does VAT apply to any country/territory where you wish to distribute UCS Products?

□ Yes □ No

If yes, do you have a VAT Number?

□ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No

1. Can you provide some Air Compressor installation references that your company has engaged in?

# IV. PRODUCT INFORMATION

1. Specific types of products you are interested in distributing. Check all that apply:
	* Entire Catalogue

□ Oil-lubricated Compressor

□ Oil-free Compressor

□ Centrifugal Compressor

□ Maintenance & Repairs

□ Spare Parts

□ Air Compressor Stations & Project Engineering

1. Are any products prohibited/restricted from selling in any country/territory where you are interested in distributing UCS products?

□Yes □No

If yes, please explain:

# V. SALES PROJECTIONS

Please complete the table below for projections for all the markets where you wish to distribute UCS products.

|  |  |  |  |
| --- | --- | --- | --- |
| Sales Projection  | Estimated No. of Customers | Estimated No. of Orders | Estimated Sales (USD) |
| 1st Year of Sales  |  |  |  |
| 2nd Year of Sales  |  |  |  |
| 3rd Year of Sales |  |  |  |

# VI. REFERENCES

## BANK REFERENCE:

1. Name of your Bank:
2. Address:
3. Telephone No.:

## COMMERCIAL REFERENCES

1. Business Name:
	1. Address:
	2. Contact Name:
	3. Contact Telephone No.:
2. Business Name:
	1. Address:
	2. Contact Name:
	3. Contact Telephone No.:
3. Business Name:
	1. Address:
	2. Contact Name:
	3. Contact Telephone No.:

# VII. ORDER LOGISTICS

Import Destination (list for each country/territory in which you wish to distribute UCS Products):

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT: Who is responsible for payment?

Name: Address:

Contact:

Contact Telephone No.:

Contact Email Address:

SHIP-TO: Please provide the exact ship-to address for orders.

Name: Address:

Contact:

Contact Telephone No.:

Contact Email Address:

INSURANCE: Is a Certificate of Insurance required with each shipment?

□ Yes □ No

INSPECTION: Is SGS inspection (or other) required?

□ Yes □ No

Freight-Forwarder: Please specify if there is a particular freight forwarder that you prefer, use presently or that you have previously worked with.

Business Name:

Address:

Contact Person:

Contact Telephone No.:

Contact Email Address:

DOCUMENTS: Please indicate which documents are required with each shipment

□ Commercial Invoice (How many copies?)

□ Airway Bill

□ Certificate of Origin

□ Certificate of Analysis

□ Other

IMPORT RESTRICTIONS: Please indicate whether any of the countries or territories have restrictions:

□ Oil-Lubrications

□ Batteries

□ Dangerous Goods

□ Other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE:

● Any required authorisation to import into each country or territory where you wish to distribute UCS products.

● Summary of Sales/Marketing growth strategy.

● List all countries where you are requesting distribution rights.

● A corporate brochure from your company, if available.

● Current examples of marketing materials (flyers, brochures, advertising copy, etc.)

Feel free to include any other information demonstrating your qualification to act as a UCS distributor.

Thank you for taking the time to complete this Questionnaire. UCS needs to ensure our distributors are knowledgeable of the market, experienced in sales and marketing, and have the financial security to act appropriately as our representative in their territory(ies).

We will thoroughly review this questionnaire and contact you as soon as possible. Please do not hesitate to contact us with questions or comments.

Your interest in becoming a distributor for our products is greatly appreciated.

---See the cover page for instructions for returning this Questionnaire to us. ---