

RESELLER QUESTIONNAIRE

General Information	
Company name	
Invoicing address	
Shipping address (if different)	
Telephone	
Fax	
E-mail	
Receive invoices by e-mail	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact		
Purchasing manager:	Telephone:	E-mail:
Payment manager:	Telephone:	E-mail:
Sales manager:	Telephone:	E-mail:

Your Company

How did you hear about fdmt?

What are your sales estimations for fdmt products for the upcoming year?

Are you currently a reseller of sensory and educational tools?

If so, which ones?

Yes No

What is your target market?

Who are your main clients?

What is your main function in the company?

Since when?

What are your sales methods?

Boutique Online sales Catalogue Calls for tenders Other: Specify

How many sellers / sales representatives do you have?

Internal representatives:

External representatives:

What percentage of your sales come from:

Your shop?

Your Web site?

Your catalogue?

Your sales team?

Operations

Do you accept b.o. items?

Do you want to use our or your carrier?

Yes No

Our carrier Your carrier : _____

Catalogue

Do you publish a catalogue?

If so, how many copies do you print each year?

Yes No

When is it published?

Where is it distributed?