

CONFIDENTIAL DISTRIBUTOR QUESTIONNAIRE

*GRUPO ALDU USA DIV,, Inc.*

## International Operations

*Ponce de Leon Blvd, Suite 600*

# Coral Gables, FL 33134 U.S.A.

# Tel: 561-679-1762

[*www.grupoalduusadiv.com*](http://www.grupoalduusadiv.com)

*email:* *contact@aldusrldo.com*

|  |  |  |
| --- | --- | --- |
| 1. | Full legal name and address of Company: |  |
|  | Fax Number: |  |
|  | **Telephone Number:** |  |
|  | **E-mail Address:** |  |
|  | **Website Address:** |  |

|  |  |
| --- | --- |
| 2. | **Date Company Established:**  |

|  |  |  |
| --- | --- | --- |
| 3.  | **Please check one:** | (x) |
|  | **Corporation** |
|  | **Partnership** |
|  | **Sole Proprietorship** |
|  | **Other** |

|  |  |
| --- | --- |
| 4. | **Name of Owner:** |

|  |  |
| --- | --- |
| 5. | **Number of Employees:** |
| 6. | **Number of Sales Personnel:** |  |
|  | **Full Time:** |  |
|  | **Part Time:** |  |
|  |  |  |
| 7. | **What is your yearly sales volume/turnover in U.S. Dollars?** |  |

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| --- | --- |
| 8. | **May we have a copy of your latest annual report or financial statement?** |
|  | ***If yes, please send with completed questionnaire. This questions just apply for certain distribution agreements***  |

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| --- | --- |
| 9. | **Complete name and address of your bank:** |

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| --- | --- |
| 10. | **Who are your present suppliers in the U.S.A., please include names and addresses?**  |

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| --- | --- |
| 11. | **List any products for which you have exclusive distribution rights in your territory, U.S. and Foreign.** |

|  |  |
| --- | --- |
| 12. | **Do you now or have you ever manufactured or distributed food & beverages products? If yes, what products?** |

|  |  |
| --- | --- |
| 13. | **Do you distribute throughout the entire country or only regionally?** **To what percentage of total retail outlets?** |

|  |  |
| --- | --- |
| 14. | **Do you export?** |
|  | **To where?**  |

|  |  |
| --- | --- |
| 15. | **How many warehouses do you have?****What are the sizes of each?** |

|  |  |  |
| --- | --- | --- |
| 16. | **How do you deliver to customers?** |  |
|   | **Company owned truck** |
|  | **Outside freight company** |
|  | **Customers pick up** |
|  | **Other** |

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| --- | --- |
| 17. | **Which of the following market segments or retail outlets do you supply?** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Consumer:** |  |  |  |  | **Health Care:** |
|  |  | **Chemists** |  | **Discount Stores** |  | **Clinics** |  |  |
|  |  | **Pharmacies** |  | **Health Food Stores** |  | **Doctor Offices** |  |
|  |  | **Supermarkets** |  | **Hyper Mart** |  | **Hospitals** |
|  |  | **Other** |  |  | **Specialty Retail** |  | **Nursing Homes** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Automotive:** |  | **Institutional:** |  |  |  |  |
|  |  | **Body Repair Shops** |  | **Airlines** |  | **Railway** |  |
|  |  | **Car Dealers** |  | **Airports** |  | **Schools** |  |
|  |  | **Service Stations** |  | **Government Agencies** |  | **Other** |  |  |
|  |  | **Mechanics** |  | **Public Office Buildings** |  |  |  |
|  |  | **Consumer/Do-it-yourself** |  |  |  |  |  |  |

**Other - Please specify:**

|  |  |
| --- | --- |
| 18. | **Which of the above in question #17 do you supply through sub-distributors?****Which directly to the end user?**  |

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| --- | --- |
| 19. | **What percentage of your sales is directed to retail trade?** |
|  | **What percentage is through sub-distributors?** |

|  |  |
| --- | --- |
| 20. | **How many sub-distributors do you sell to?** **For what retail channels?**  |

|  |  |
| --- | --- |
| 21. | **Do any sub-distributors have territory or market exclusivity?** |
|  | **If yes, please explain:**  |

|  |  |
| --- | --- |
| 22. | **Please provide names and addresses of parent and affiliated companies:** |

|  |  |
| --- | --- |
| 23. | **Please explain the activities of your parent and affiliated companies.** |

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| --- | --- |
| 24. | **How do you advertise and promote your products?** |

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| 25. | **Can you communicate with GRUPO ALDU USA DIV in writing and verbally in English? *If you have Spanish skills, please let us know***  |  |

|  |  |
| --- | --- |
| 26. | **What GRUPO ALDU USA DIV product(s) are you interested in distributing?** |

|  |  |
| --- | --- |
| 27. | **Where do you want to distribute product(s) listed in question #26?** |

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| --- | --- |
| 28. | **Are there any government regulations which control the importation of hand sanitizers (cosmetics) food & beverages and others into your country? For instance, do formulas for cosmetics and food must be registered with the government?** ***If yes, send us a copy of the applicable regulations and a summary in English of the requirements along with your questionnaire.*** |

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