# New Distributor Questionnaire

# *Please type your responses in the shaded fields below*

# Contact Information:

Company address:

CEO name & email:

Accounting name or email:

Product Submissions name or email:

Promotions Processing name or email:

Customer Demographics *(estimate* ***percentag****e of your customer base):*

GPs:

Oral Surgeons:

Periodontists:

# Sales:

Describe your Sales Territory:

Describe your Sales Team (# of reps, field or phone only, activities):

Check the box if you are you able to provide monthly zip code-based sales reports, at no cost.

# Marketing:

Print Catalog? If so, how often do you print?

Online Catalog?

Describe any other Marketing Strategies:

# Education:

Do you currently facilitate any type of CE or training for your customers?

Are you interested in doing so? Comments?

# Regulatory:

Check the box if you are currently distributing human tissue products

If so, which brands?

Check the box if you are you registered with the FDA as a Tissue Establishment

Check the box if you are registered with the FDA as a Medical Device Establishment

Do you have *written* Standard Operating Procedures (SOP) that outline your compliance with all FDA Regulations that pertain to human tissue distributors, and medical device distributors?

Yes  Not currently, but willing to implement

Prefer we drop-ship to your customers?

Prefer we ship to your fulfillment centers?

Are you able to guarantee storage temperature between 59°-86°F. It’s important that you utilize a service that can generate monthly temperature reports. Such service should record the temperature at least every hour.

Yes  Not currently, but willing to implement

Do you have the ability to print *serial* numbers on invoices and packing slips?

Yes  Not currently, but willing to implement

Any other information you’d like to share with us?

Form completed by:

Date: