# 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: