

Ultroid Technologies, Inc.

Ultroid Technologies Inc., Dealer/Representative Questionnaire

Please return completed questionnaire to:

*Ultroid Technologies, Inc.
Attn: Michael Knox
204 37th Avenue North, #433
St. Petersburg FL 33704*

General Information

Name and Address of Company:

Address:

Country:

Telephone/ E-mail:

Website:

Company Organization:

Proprietorship	
Corporation	
Partnership	
Limited Liability	

Date Organized:

Principle officers or owners:

Name:	
Title:	
Home Address:	
Home Phone:	
E-mail:	
Residence Countries:	

Name:	
Title:	
Home Address:	
Home Phone:	
E-mail:	
Residence Countries:	

Name:	
Title:	
Home Address:	
Home Phone:	
E-mail:	
Residence Countries:	

If you are a subsidiary, list name and address of your parent company:

Describe you company's major business activity:

List all you company's branch offices and/or representatives:

Please identify the individual(s) in your company responsible for sales, service & administration & product registration:

Sales: _____ Service: _____

Administration: _____

Product Registration: _____

Financial Information:

Sales (U.S. Dollars) for last year: _____

Sales (U.S. Dollars) for current year: _____

Sales forecast (U.S. Dollars) for next year: _____

You company's paid-in capital (U.S. Dollars): _____

Bank Name and Complete address: _____

Business References, including Name, Address, E-mail Address and Phone Number, along with person of contact:

1.

2.

3.

Please attach current Financial Statement and/or Annual Report.

Marketing Information

If additional space needed please see last page for.

Are you currently a representative, dealer or distributor in hemorrhoid Treatment and/or therapies? If so describe each company and product:

Please describe the make and brand names of primary products sold:

How long have you been in the medical device business? _____years.

Number of Employees: _____ Number of Sales Persons: _____

Who are your primary customers: Distributors: _____ Doctors: _____

Hospitals/Clinics: _____ Government: _____

Check below (list) those government or private organizations with which you have good current liaison:

Military: _____ Government Hospital: _____ National Health Care Providers: _____

Private Physicians: _____ Large Organizations: _____ Others: _____

Company Name:

What is your geographic sales area for current medical products:

Projected sales of Ultroid Hemorrhoid Treatment Devices for next fiscal year (Machines/Probe Kits):

Please describe your sales strategy, market reach and method for the distribution of Ultroid Products:

What type of marketing, advertising and participation in local trade shows or conventions do you currently use to reach the product end-user:

Ultroid Technologies, Inc. ensures to keep contents of the questionnaire strictly confidential. Please attach any comments or document helpful to our evaluation. Attached is the Ultroid Technologies, Inc. Non-Disclosure Agreement that must be signed and returned along with the Questionnaire. Thank you.

Questionnaire completed by:

Name:

Title:

Signature:

Date:

Phone:

E-mail:
