## FOTEC AGENT / DISTRIBUTOR QUISTIONAIRE

| COMPANY DATA                    |                                  |  |
|---------------------------------|----------------------------------|--|
| Agent / Distributor Name        |                                  |  |
| Headquarter / Office Location   |                                  |  |
| Website                         |                                  |  |
| Email                           |                                  |  |
| Founding Year                   |                                  |  |
| Number of Employee              |                                  |  |
| Language                        |                                  |  |
| Contact Person                  |                                  |  |
| Telephone Number                |                                  |  |
| Describe Company Major Business |                                  |  |
| Activity                        |                                  |  |
| List of Branch Office and       |                                  |  |
| Representative                  |                                  |  |
| Social Media Platform           | O Linkedin O Instagram O Youtube |  |
| Exhibition Participation        | ○ Yes ○ No                       |  |
| Attandance Exhibition           |                                  |  |
|                                 |                                  |  |

| MARKETING INFORMATION   |       |      |
|---|-------|------|
| Are you currently a representative, dealer, or distributor of bakery equipment and food processing machineries other company  | ○ Yes | O No |
| Is this representation / distribution your only business activity?  | ○ Yes | O No |
| What is the approximate volume of Business  |       |      |
| How is the volume allocated over the companies you represent  |       |      |
| What is your approach to selling FOTEC Equipment throughout to your country   |       |      |
| How many employees do you have in<br>total and how many are devoted to<br>this part of your business  |       |      |
| Can you help us understand the size of the market for FOTEC products? Please provide examples of other products and compare your country to another country, it would be helpful. |       |      |
| What can you advise about the demand of FOTEC product(s) in your country  |       |      |
| Will you maintain equipment/product for demonstration in your country   | ○ Yes | O No |

| TECHNICAL SUPPORT   |       |      |
|---|-------|------|
| Do you have any technicians within your company that have experience in bakery quipment and food processing machinery business  | O Yes | O No |
| Would you be willing to send someone from your company to attend one of our equipment preparation training of FOTEC Machineries | O Yes | O No |
| Do you have your own service facility and workshop for repairs and overhaul of your company's equipment                         |       |      |

| FINANCIAL INFORMATION                                |   |  |
|--|---|--|
| Currancy Basis                                       |   |  |
| Revenue in Mio                                       |   |  |
| Bakery Equipment & Food Processing<br>Industry Known | ○ Yes ○ No  |  |
| Packaging Machine Industry Known                     | ○ Yes ○ No  |  |
| Insurances   | Available   |  |
| Term of Payment                                      | <ul><li>100 LC at Sight</li><li>50 % Down Payment 50 % Ready for Shipment</li></ul> |  |
| Delivery Conditions                                  | ○ FOB<br>○ EXW  |  |

| SIGNATURE  |  |  |
|--|--|--|
|  | (your company name)                        |  |
| promises to keep the contents of this  | distributor questionnaire confidential and |  |
| promises that the information contain  | ned in this document is true and accurate  |  |
| to the best of your knowledge. Please attach any additional relevant documents |  |  |
| or comments that may be helpful to our evaluation. Thank you.                  |  |  |
| Questionnaire Completed By :   |  |  |
| Name :   | _ Tittle :                                 |  |
|  |  |  |
| Signature :  | Date:                                      |  |
|  |  |  |