



Distributor Profile Questionnaire

1. Provide a brief description/profile of your company.

2. What territories (states) are your products sold within?

3. What Settings of Care from the list below does your company support?

Please check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Emergency Surgical Centers | <input type="checkbox"/> Private Payer Insurers |
| <input type="checkbox"/> Home Healthcare | <input type="checkbox"/> State Schools | <input type="checkbox"/> Acute Care/Rehab |
| <input type="checkbox"/> Rehab Centers | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Long Term Acute Care |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> DME | <input type="checkbox"/> Skilled Nursing Facilities |

Others: _____

4. What are the Titles, Roles or Functions of your contacts within the respective Client Groups?

i.e. Call Points

5. Provide an example of a Client Group(s) within a Setting of Care above?

6. What is the approximate number of facilities of these Clients?

7. How many of your company's sales persons will be supporting our product in the field?

8. What complimentary products to The SDS Vest™ does your company sell?

9. What advertising/promotional programs will be applied to the sale of our product(s)?

10. Will our product be featured on your company's Web site? Y / N

11. Does your company have a Product Catalog? Y / N

If Yes:

- Will our product be featured in it? Y / N
- If so, when? _____
- Is it distributed via hard copy, online or both? _____

Please email to: info@choosethevest.com