

DISTRIBUTOR'S APPOINTMENT QUESTIONNAIRE

International Level(Outside Pakistan)

FIRM

Name: _____	
Address: _____	
Contact No. _____ Telephone No. with Area Code	Fax: _____
Email: _____	
Established Since <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Names of Owners/Partners/Director	Qualifications
_____	_____
_____	_____
_____	_____

TYPE OF BUSINESS

<input type="checkbox"/> Commercial Importer	<input type="checkbox"/> Cash Carry Outlet	<input type="checkbox"/> Retailer
----------------------------------------------	--------------------------------------------	-----------------------------------

AREA INFORMATION

City _____	Province _____	No. of Whole seller <input type="text"/> <input type="text"/> <input type="text"/>	No. of Gen. Stores <input type="text"/> <input type="text"/> <input type="text"/>
Population _____	No. of Med. Stores <input type="text"/> <input type="text"/>	No. of Institutional <input type="text"/> <input type="text"/>	

AREA COVERED

Area _____	No. of Whole seller <input type="text"/> <input type="text"/> <input type="text"/>	No. of Gen. Stores <input type="text"/> <input type="text"/> <input type="text"/>
Name of surrounding Area _____	No. of Med. Stores <input type="text"/> <input type="text"/>	No. of Institutional <input type="text"/> <input type="text"/>
No. of Related Towns Being Covered <input type="text"/> <input type="text"/>		

AVAILABLE FACILITIES

No. of Vans	<input type="text"/> <input type="text"/>	No. of L.T Vans	<input type="text"/> <input type="text"/>	No. of H.T Vans	<input type="text"/> <input type="text"/>
No. of Booking Men	<input type="text"/> <input type="text"/>			No. of Salesman	<input type="text"/> <input type="text"/>
Stock Maintenance	<input type="text"/> <input type="text"/>				

DO YOU PRESENTLY IMPORT FOOD ITEMS FROM PAKISTAN PROVIDE DETAILS AS FOLLOW

Name of Companies	Working Since	Products
1. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
Is any of the above products similar to our's		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes how you plan to handle	_____	

REFERENCES

Bank Name	Branch with Code	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Other References Belonging in Pakistan		
Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Date _____

Signature _____