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# INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

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Please complete and send or Email to the following address:

**VerentiaSol India Private Limited**  
803, Carnic, Nyati Eternity  
Undri, Pune, Maharashtra, India 411601  
Email: [shree.katyayani@verentia.com](mailto:shree.katyayani@verentia.com)  
Web: [www.verentia.com](http://www.verentia.com)

**INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE****Confidentiality Notice:**

All information provided herein is considered confidential and will not be shared by Verentia with any third party without written consent of an authorized representative of the applicant.

The following information must be provided in order to be considered as a distributor of Verentia LED Lighting products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUTE A CONTRACT OR ANY OFFER FOR DISTRIBUTORSHIP. VERENTIA RESERVES THE RIGHT TO ACCEPT OR REJECT DISTRIBUTOR APPLICATIONS AT ITS SOLE DISCRETION.

Prepared By:

Name

Title

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**I. COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

Organized under the laws of: \_\_\_\_\_

Street Address (include P.O. Box): \_\_\_\_\_

City/State/Province: \_\_\_\_\_

Postal Code/Country: \_\_\_\_\_

Telephone No.:

( )

Country Code

Main Number

Extension

Fax No.:

( )

Country Code

Main Number

Extension

Website: \_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone No.:

Country Code

Main Number

Extension

Email address: \_\_\_\_\_

Please indicate below, your main type of business:

Manufacturer     Distributor     Other - describe below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. ORGANIZATION**

1) What year was your business established? \_\_\_\_\_

2) In which countries, beside your own, do you wish to distribute Verentia products?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Is your company a division or subsidiary of another company? Yes No  
 If yes, please list the name and location of parent company and affiliates:

\_\_\_\_\_

\_\_\_\_\_

4) How many people does your company employ? \_\_\_\_\_

5) How many sales representatives are in your company? \_\_\_\_\_

6) Does your company sell through independent sales representatives, agents or distributors?

Yes No

If "yes", please provide a brief explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Please provide us with your company's sales (in USD) for the following years:

2012 US \$ \_\_\_\_\_

2013 US \$ \_\_\_\_\_

2014 US \$ \_\_\_\_\_

2015 US \$ \_\_\_\_\_(Projected)

8) List the names of the following principal executives:

President/CEO: \_\_\_\_\_

Managing Director/General Manager: \_\_\_\_\_

Vice President/Manager – Sales: \_\_\_\_\_

Vice President/Manager – Marketing: \_\_\_\_\_

**III. SALES & MARKETING**

1) How many sales representatives will be selling our products?

Sr No	Representatives	Country	Region	City
1	No of Sales Representatives			
2	No of Sales Representatives			
3	No of Sales Representatives			
4	No of Sales Representatives			

5	No of Sales Representatives			
6	No of Sales Representatives			
7	No of Sales Representatives			

2) Are these sales representatives experienced in Electrical/LED sales?  Yes  No

3) Will you hire or appoint a marketing manager for our products?  Yes  No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What Electrical equipment-based manufacturers and products do you currently represent?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) What Electrical/Electronics-based category (or categories) does your company specialize?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) How do you promotionally support your product lines in general?

Advertising

Promotions

Trade Shows

Direct-mailings

Trade Magazines

Other: \_\_\_\_\_

Newsletter

Other: \_\_\_\_\_

7) Number of Accounts and Distribution channels

Total No. Accounts: \_\_\_\_\_

Total No. Distribution Channels: \_\_\_\_\_

8) What markets do you focus on?

Universities/research institutes

Contracting company's

Consultant company's

Manufacturer \_\_\_\_\_

Medical/Hospital/Educational Institutions \_\_\_\_\_

Others: \_\_\_\_\_

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9) Do you currently purchase Verentia products?

Yes       No

If yes:       Directly from Verentia

From Distributor (Please identify): \_\_\_\_\_

10) What are the specific Tariff rates/Import duties LED Lighting products for each country/territory in which you wish to distribute Verentia products?

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11) Does VAT apply in any country/territory in which you wish to distribute Verentia Products?

Yes  No

If yes, do you have a VAT Number?       Yes  No

**IV. PRODUCT INFORMATION**

Specific types of LED products you are interested in distributing. Check all that apply:

- Entire Catalog   
  Commercial Products   
  Residential Products   
  UV LED Products  
 Industrial LED   
  Automotive LED   
  Medical LED   
  Custom Services

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any products you are prohibited/restricted from selling in any country/territory in which you are interested in distributing Verentia products?  Yes       No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. SALES PROJECTIONS**

Please complete the table below for projections for all of the markets in which you wish to distribute Verentia products.

Sales Projection	1 <sup>st</sup> Year of Sales	2 <sup>nd</sup> Year of Sales	3 <sup>rd</sup> Year of Sales
Estimated No. of Customers			
Estimated No. of Orders			
Estimated Sales (USD)			

**VI. REFERENCES**

1) BANK REFERENCE:

Name of your Bank: \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**2) COMMERCIAL REFERENCES**

(Please provide us with at least 2 international references):

Business Name:

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Address

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Contact Name:

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Contact Telephone No.:

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Business Name:

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Address

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Contact Name:

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Contact Telephone No.:

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Business Name:

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Address

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Contact Name:

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Contact Telephone No.:

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**VII. ORDER LOGISTICS**

Import Destination (list for each country/territory in which you wish to distribute Verentia Products):

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_



**PAYMENT:** Who is responsible for payment?

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact Telephone No.: \_\_\_\_\_  
 Contact Fax No.: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_

**SHIP-TO:** Please provide the exact ship-to address for orders

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact Telephone No.: \_\_\_\_\_  
 Contact Fax No.: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_

**INSURANCE:** Is a Certificate of Insurance required with each shipment?

Yes  No

**INSPECTION:** Is SGS inspection (or other) required?

Yes  No

**Freight-Forwarder:** Please specify if there is a particular freight forwarder that you prefer, use presently or that you have worked with in the past.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact Telephone No.: \_\_\_\_\_  
 Contact Fax No.: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_

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**DOCUMENTS:** Please indicate which documents are required with each shipment

- Commercial Invoice (How many copies?) \_\_\_\_\_
- Airway Bill       Certificate of Origin       Certificate of Analysis
- Other \_\_\_\_\_

**IMPORT RESTRICTIONS:** Please indicate whether any of the countries or territories have restrictions:

- Voltage regulations/specifications
- Certain class of electronic goods/batteries/chargers
- Dangerous Goods
- Other (list): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHIPPING CAPABILITIES:** Please indicate whether you are able to ship to your customers:

- Able to ship goods to consignees
- Able to ship/distribute LED lighting material to customers
- If unable to ship explain how you ship products at the required destination:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE:**

- Any required authorization to import into each country or territory in which you wish to distribute Verentia products.
- Summary of Sales/Marketing growth strategy
- List of all countries where you are requesting distribution rights.
- A corporate brochure from your company, if available
- Current examples of marketing materials (flyers, brochures, advertising copy, etc.)

Feel free to include any other information which demonstrates your qualification to act as an Verentia distributor

**Thank you for taking the time to complete this Questionnaire.**

It is important to Verentia to ensure that our distributors are knowledgeable of the market, experienced in sales and marketing, and have financial security to properly act as our representative in their territory(ies).

We will thoroughly review this questionnaire and contact you as soon as possible. Please do not hesitate to contact us if you have any questions or comments.

Your interest in becoming a distributor for our products is greatly appreciated.

-----See cover page for instructions for returning this Questionnaire to us.-----