

# **PROSPECTIVE DISTRIBUTOR QUESTIONNAIRE**

## **2024**

**Dear Authorized;**

**Thank you for taking the time to complete this Questionnaire.** It is important to COMİDAT 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).

Please send this questionnaire to us via mail to [bilgi@comidat.com.tr](mailto:bilgi@comidat.com.tr) after answer all questions. 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.

**COMİDAT**

## **PROSPECTIVE DISTRIBUTOR QUESTIONNAIRE**

### **Confidentiality Notice:**

All information provided herein is considered confidential and will not be shared by COMIDAT 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 COMIDAT products. Please provide as much information as possible.

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

Prepared By:

Name \_\_\_\_\_

Title \_\_\_\_\_

**I. COMPANY INFORMATION**

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

Type of Entity:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation☐ Limited Liability Company ☐ Other - describe below

Street Address \_\_\_\_\_

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

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

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

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

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

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

Principal Contact Information:

Name \_\_\_\_\_

Title \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**II. BUSINESS BACKGROUND**

Please indicate below, your main type of business:

- ☐ Retailer    ☐ Wholesaler    ☐ Importer/Exporter  
☐ Manufacturer    ☐ Other - describe below

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

2) What products/services you currently offer?

- ☐ Mining Cap Lamps    ☐ Mining Equipment    ☐ Drilling Equipment  
☐ PPE    ☐ Other - describe below

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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:

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4) Number of employees in total: \_\_\_\_\_

5) Number of employees in sales: \_\_\_\_\_

6) Number of employees in technical service: \_\_\_\_\_

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

☐ Yes ☐ No

If “yes”, please provide a brief explanation:

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

2021 US \$ \_\_\_\_\_

2022 US \$ \_\_\_\_\_

2023 US \$ \_\_\_\_\_

2024 US \$ \_\_\_\_\_ (Projected)

9) List the names of the following principal executives:

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

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

Product Manager: \_\_\_\_\_

Marketing Manager: \_\_\_\_\_

**III. SALES & MARKETING**

1) Have you ever purchased COMIDAT products? ☐ Yes ☐ No

If yes: ☐ Directly from COMIDAT

☐ From COMIDAT authorized Distributor (Please identify): \_\_\_\_\_

☐ From local reseller (Please identify): \_\_\_\_\_

2) Do you currently represent any other brands of cap lamps or any similar products of COMIDAT?

☐ Yes ☐ No

If yes, please identify:

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3) What is your current sales volume of mining cap lamps per year?

☐ 0-500 units ☐ 500-2000 units ☐ 2000-5000 units

☐ More than 5000 units

4) What markets do you focus on?

☐ Mining Industry ☐ Industrial Industry ☐ Oil & Gas Industry

☐ Electricity Industry ☐ Others: \_\_\_\_\_

5) What are your marketing channels?

☐ Sub-distributor / Dealer Network ☐ Direct to End-users ☐ Online Store

☐ Offline Store ☐ Others: \_\_\_\_\_

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

- ☐ Trade Shows   ☐ Trade Magazines   ☐ Visiting Customers   ☐ Google Advertising  
☐ Social Media (Facebook / LinkedIn / Twitter etc)   ☐ Direct Mailings   ☐ Others: \_\_\_\_\_

What's your specific plan for above marketing campaigns for this year?

Please identify: \_\_\_\_\_

\_\_\_\_\_

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

State/Province: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

State/Province: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

State/Province: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

8) Are these sales representatives experienced in mining cap lamps sales? ☐ Yes ☐ No

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

If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_

10) What's the specific tariff rates / import duties on COMIDAT products for your country? Please identify:

COMIDAT Cap Lamps: \_\_\_\_\_(%)

COMIDAT Chargers/Charging Racks: \_\_\_\_\_(%)

**IV. PRODUCT INFORMATION**

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

- ☐ COMIDAT Corded Lamp - MBL-6L
- ☐ COMIDAT Corded Lamp - MBL-8L
- ☐ COMIDAT Corded Lamp - MBL-10L
- ☐ COMIDAT Corded Lamp - MBL-6Ex
- ☐ COMIDAT Corded Lamp - MBL-8Ex
- ☐ COMIDAT Corded Lamp - MBL-10Ex
- ☐ COMIDAT Cordless Lamp – MBL-3.5L
- ☐ COMIDAT Cordless Lamp – MBL-3.5Ex
- ☐ COMIDAT Personal Tracking and Monitoring System
- ☐ COMIDAT Gas Monitoring System
- ☐ COMIDAT Communication System

2) Is there any certificate required with COMIDAT products?

- ☐ MSHA ☐ ATEX ☐ IECEX ☐ SABS / MASC
- ☐ INMETRO ☐ EAC ☐ DGMS ☐ Others:\_\_\_\_\_

**V. SALES PROJECTIONS**

Please complete the table below for projections for all of the markets in which you wish to distribute COMIDAT 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 Orders (Units)			
Estimated Sales (USD)			

Please tell us your Top 5 customers and their purchase capacity for COMIDAT products.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**VI. ORDER LOGISTICS**

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

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

Airport: \_\_\_\_\_

Sea Port: \_\_\_\_\_

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

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

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

Contact Email Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Contact Email Address: \_\_\_\_\_

**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 Email Address: \_\_\_\_\_

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

- ☐ Commercial Invoice
- ☐ Packing List
- ☐ Airway Bill
- ☐ Telex Release B/L
- ☐ Certification for Safe Transport of Goods by Air
- ☐ Certification for Safe Transport of Goods by Sea
- ☐ MSDS Certificate
- ☐ Certificate of Origin
- ☐ Others \_\_\_\_\_

Authorized Name – Surname and Signature:

\_\_\_\_\_