

NEW DISTRIBUTOR QUESTIONNAIRE

Dear Madam/Sir,

Thank you for your interest in becoming a Shibue Couture® distributor and or reseller. We would like to know more about your organization. Please take a moment of your time to answer the questions below. We value the time you spend on this form and you will be contacted directly by a regional specialist for your area as soon as we process this information.

General Information

1	COUNTRY OF OPERATION _____
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2	YOUR NAME/COMPANY NAME _____
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3	FOUNDATION YEAR _____
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4	OFFICE / PHONE NUMBER	
	ADDRESS	_____
	PHONE NUMBER	_____

5	COMPANY PROFILE/NUMBER OF EMPLOYEEES- PLEASE ATTACH ADDITIONAL SHEET IF NEEDED _____ _____ _____ _____ _____
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Market Overview

6	DESCRIBE YOUR PLAN FOR POSITIONING SHIBUE COUTURE PRODUCTS TO YOUR CUSTOMERS _____ _____ _____ _____ _____
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7	DESCRIBE YOUR PREFERRED TARGET MARKET SECTOR (BEAUTY, LINGERIE, PERFUMERIES, SPAS)

Purchasing

8	PROVIDE AN IDEAL TIMELINE FOR YOUR FIRST ORDER AND SUBSEQUENT ORDERS

9	WAREHOUSE CAPACITY:

10	PLEASE PROVIDE ANY FURTHER INFORMATION ABOUT YOUR BUSINESS PROPOSAL THAT YOU DEEM NECESSARY:

11	CURRENT COMPANIES YOU REPRESENT:

12	YEARLY SALES VOLUME:

13	RETAIL OUTLETS YOUR COMPANY SELLS INTO:
