Endurance Products Company Standard Reseller Questionnaire

Your answers to the following questions will help us evaluate your reseller application and make sure we supply you with the best possible marketing collateral to support your sales efforts.

Question				Answers	
How many years have you been in business?					
What best describes your business? □Clinic □Pharmacy					
☐ Naturepath Clinic	☐Retail Store	☐Internet Sales			
□Pharmacy Wholesale □Amazon Store □Other:					
What are your annual sales? ☐ less than \$1 million ☐ \$1 to \$5 million ☐ \$5 to \$15 million ☐ more than \$50 million					
If dealing with nutraceuticals, who is your main supplier or distributor of supplements?					
Do you operate in many locations? If so how many?				yes \(\begin{array}{c} & & & \text{no } \\ & & & \text{how many:} \end{array} \)	
How would you qualify your individual locations? Select all that apply underneath.					
□Retail stores □Clinic office □Cash and carry □Distribution centers					
If you have walk in clients would you like to have a retail floor display in your store?				yes 🗖 no 🗖	
How many sales or customer service representatives does your organization have?					
Do you have a roaming sales force or Do your representatives visit clients?				yes 🗖 no 🗖	
Who is your typical clientele? Select all that apply					
□Patient □Hospitals					
□Clinics	☐ Retirement centers				
Pharmacy	□Web sales				
In which states do you have a store or sale representatives?					
Alabama	Hawaii	Massachusetts	New Mexico	South Dakota	
Alaska	Idaho	Michigan	New York	Tennessee	
Arizona	Illinois	Minnesota	North Carolina	Texas	
Arkansas	Indiana	Mississippi	North Dakota	Utah	
California	Iowa	Missouri	Ohio	Vermont	
Colorado	Kansas	Montana	Oklahoma	Virginia	
Connecticut	Kentucky	Nebraska	Oregon	Washington	
Delaware	Louisiana	Nevada	Pennsylvania	West Virginia	
District of Columbia	Maine	New Hampshire	Rhode Island	Wisconsin	
Florida	Maryland	New Jersey	South Carolina	Wyoming	
Georgia	All States				
Other countries state	or provinces				

Fax completed form to Sales Department at 503-639-9564

Endurance Products Company Standard Reseller Questionnaire

Company name:	
Company billing address	
Company shipping address	
□ Same	
Tax ID (EIN)	
Contact person	
Phone number	
Fax	
Email	
Website	
Date	

Note: You will be advised of our decision to add you as a valued distributor within 1 week of receiving your application.

If you have any questions or comments please contact:

Jeanne Brunner (VP-Sales)

Endurance Products Company

www.endur.com

T: 503-639-9562 F: 503-639-9564 jeanne@endur.com

Fax completed form to Sales Department at 503-639-9564