

Distributor Assessment Form

Commercial

Company Name and Registration#: <input type="text"/>		Names of Key Managers: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
Address: <input type="text"/>	Managing Director <input type="text"/>		
<input type="text"/>	Sales Director <input type="text"/>		
<input type="text"/>	Who are the owners of this company? Publicly listed? Private? <i>if private list the names of the owners along with their % share holding.</i>		
<input type="text"/>	<input type="text"/>		
Telephone No: <input type="text"/>	Present Turnover £/€ <input type="text"/>		<input type="text"/>
Fax No: <input type="text"/>	Territory Covered: <input type="text"/>		<input type="text"/>
Potential Sales for Optronics Products:			
<input type="text"/>			
Is distribution your first line of business? (e.g. do you have a sister company that installs cabling systems? <i>give details</i>)			
<input type="text"/>			
How will growth be achieved? (e.g. direct sales, moving business from an existing partner - <i>give details</i>)			
<input type="text"/>			
Key Markets – Finance/Industrial/Retail etc			
<input type="text"/>			
Number of technical support people employed?	<input type="text"/>		
Number of external sales people employed?	<input type="text"/>		
Number of internal sales people employed?	<input type="text"/>		
Where would the OPTRONICS line be positioned in their portfolio?			
<input type="text"/>			
Current solutions and competitive product sold?			
<input type="text"/>			
Does the distributor sell an own brand product? YES / NO <input type="text"/>			
If YES how much of your turnover is made from own brand products (%)? <input type="text"/>			
How will Optronics products be promoted?			
<input type="text"/>			

Distributor Assessment Form

What are your retained margin expectations? (%)

Will you stock non standard products for project work? YES / NO
(comments)

Are you prepared to share customer/project information? YES / NO
(comments)

Are you prepared to provide a monthly point of sale report? YES / NO
(comments)

What is your position on e-trading?

How would your current suppliers react to Optronics being taken on?

Marketing

How many active customers do you have?

% split for Fibre/Copper	Copper (%)	<input type="text"/>	Fibre (%)	<input type="text"/>	
% split for voice, copper & fibre:-	Copper (%)	<input type="text"/>	Fibre (%)	<input type="text"/>	Voice (%) <input type="text"/>
% split of business	Approved installers(%)	<input type="text"/>	Non-approved(%)	<input type="text"/>	

% split of business for current systems offered: (Systemax, Molex, Panduit, etc)

Would the OPTRONICS product portfolio have a dedicated product manager? YES / NO
(comments)

Does the you produce a catalogue? YES / NO

How often is it published (yearly/monthly)?

Does the you participate in joint marketing programs with their partners? YES / NO
(comments)

How do they view FibreFab/OPTRONICS?High/medium/low end supplier?

Distributor Assessment Form

Finance, Logistics & Operational

Describe your stocking policy

Are you prepared to stock recommended levels/range by Optronics? YES / NO

How many stock turns are you hoping to achieve?

Size of warehouse (square metres/pallet locations)

What Quality Assurance programs do you operate?

Are you happy to provide credit references? YES / NO

(If NO, please provide details)

Are you happy for us to conduct a D&B or equivalent credit check on you company? YES / NO

(If NO, please provide details)

Do you have any sister companies with whom we already have a business relationship? YES / NO

(If we are please list their name and address)

When complete, please print and fax this form to 0870 127 3331