



Prospective Dealer Questionnaire

Date: _____

Application Contact Person: *name:* _____ *title:* _____

Company Name: _____ Years in Business: _____

Retail Store Location Address: _____

Business Type: *(Check all that apply)* ☐ Retail Store ☐ Online Store ☐ Other *(specify)* _____

City: _____ State/ Province: _____ Country: _____

Website Address: _____ Store Hours: _____

Name of three other manufacturers that you now represent and length of representation:

How did you hear about **novagrade™** digiscoping adapters? _____

What geographical territory do you serve? _____

Number of sales persons? _____ Do you have multiple branch offices ☐ **Yes** ☐ **No** If yes, locations:

What other brands of digiscoping adapters do you currently carry? _____

What is your top selling brand of digiscoping adapter? _____

How much do you sell in digiscoping adapters (\$/yr)? _____ What would you anticipate selling in **novagrade™** ? _____

Are you seeking terms or a pre-pay account? _____

How do you plan on selling and promoting **novagrade™** digiscoping adapters? _____

Additional Notes: _____
