

Prospective Distributor Questionnaire

Date: _____

Company Profile			
Company Name			
Contact person		Position	
Tel		Fax	
E-mail		Website	
Number of Employees		Year Founded	
Business Language	<input type="checkbox"/> EN <input type="checkbox"/> ES <input type="checkbox"/> DE <input type="checkbox"/> JP <input type="checkbox"/> RU <input type="checkbox"/> IT <input type="checkbox"/> FR Others: _____		
Company Nature	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Engineering <input type="checkbox"/> Trading		
Fabrication Workshop	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Company Background & Focus			
Company Main Product			
Company Key Technology			
Target Industry & Market	<input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Food <input type="checkbox"/> Beverage <input type="checkbox"/> Environmental Waste <input type="checkbox"/> Municipal&Drinking Water <input type="checkbox"/> Machinery <input type="checkbox"/> Chemical <input type="checkbox"/> Oil&Gas <input type="checkbox"/> New Material		
Countries Presently Cover			
Experience on Membranes	<input type="checkbox"/> No Experience on membranes <input type="checkbox"/> Spiral RO <input type="checkbox"/> Spiral NF/UF <input type="checkbox"/> Hollow Fiber UF/MF <input type="checkbox"/> Plate Sheet MBR <input type="checkbox"/> Polymeric Tubular <input type="checkbox"/> Ceramic Membranes <input type="checkbox"/> EDI <input type="checkbox"/> PV & VP <input type="checkbox"/> Others: _____		
Interested Product	<input type="checkbox"/> Ceramic Membranes <input type="checkbox"/> PV&VP Membrane <input type="checkbox"/> CRP Pilot Machines <input type="checkbox"/> Scale Membrane Equipment		
Your Remark			

