



**INTERNATIONAL DISTRIBUTOR
COMPANY PROFILE**

Company: _____

Address: _____

City: _____ State/Country: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Web: _____



Number of years in business: _____

Number of employees: _____

Number of sales people: _____

Does the company currently represent any spinal bracing products? _____

Has the company represented any spinal bracing products in the past? _____

Indicate which of the following specialties your sales reps call on routinely:

- | | |
|---|---|
| <input type="checkbox"/> Neurosurgeons | <input type="checkbox"/> Critical Care Nurses |
| <input type="checkbox"/> Orthopedic Surgeons | <input type="checkbox"/> Orthotists |
| <input type="checkbox"/> Trauma Surgeons | <input type="checkbox"/> Physiotherapists |
| <input type="checkbox"/> Pain Mgt Specialists | <input type="checkbox"/> Chiropractors |

<u>Product Lines (current)</u>	<u>Market Share</u>	<u>% of Co. Sales</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will the company position the Aspen Spinal Bracing System line with these products?



**INTERNATIONAL DISTRIBUTOR
PRINCIPALS PROFILE**

Name: _____

Position: _____

Email: _____ Mobile: _____

Background: _____

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Name: _____

Position: _____

Email: _____ Mobile: _____

Background: _____

.....

Name: _____

Position: _____

Email: _____ Mobile: _____

Background: _____

SALES REPRESENTATIVES

<u>Name</u>	<u>Territory</u>	<u>Mobile #</u>	<u>Email</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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**INTERNATIONAL DISTRIBUTOR
MARKET ASSESSMENT**

Is there a reimbursement system in your country? _____

Who pays for the products? Patient Government Private Insurance

Upper Spine

<u>Collars</u>	<u>Cost/Price</u>	<u>Market Share</u>
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Philadelphia	_____	_____
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Miami J	_____	_____
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Other: _____	_____	_____
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<u>CTO Type</u>	<u>Cost/Price</u>	<u>Market Share</u>
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SOMI	_____	_____
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Minerva	_____	_____
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Other: _____	_____	_____
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Lower Spine

<u>LSO</u>	<u>Cost/Price</u>	<u>Market Share</u>
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Custom Molded	_____	_____
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Prefabricated: _____	_____	_____
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Prefabricated: _____	_____	_____
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<u>TLSO</u>	<u>Cost/Price</u>	<u>Market Share</u>
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Custom Molded	_____	_____
---------------	-------	-------

Prefabricated: _____	_____	_____
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Prefabricated: _____	_____	_____
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Sales Forecast

Please provide a six-month forecast by number of units to be purchased

Collars: _____

CTO: _____

TLSO: _____

LSO: _____

LSOlp: _____



**INTERNATIONAL DISTRIBUTOR
COMPANY REFERENCES**

Please list three individuals that can be contacted to provide a reference for your company in its ability to perform as a distributor.

Name: _____ Position: _____

Company: _____

Address: _____

City: _____ State/Country: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____



Name: _____ Position: _____

Company: _____

Address: _____

City: _____ State/Country: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____



Name: _____ Position: _____

Company: _____

Address: _____

City: _____ State/Country: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____