

Company Name: _____

Date: _____

Address: _____

City: _____

State/Province: _____ Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Contact Person: _____

Title: _____ E-Mail Address: _____

Countries, States and cities currently doing business in:

Current Branch Location (s):

Corporate Office:

Corporate Contact (s):

Percentage of business by market segment:

Fire Panels _____ %	Fire Suppression _____ %
Fire Peripherals _____ %	Mass Notification _____ %
Fire Sprinklers _____ %	Security Equipment _____ %

Percentage of sales to the following:

Electrical Contractors _____ %	Dealers _____ %
End Users _____ %	ESD _____ %

What competitive fire lines do you carry?

Projected annual revenue to be spent with SEVO Systems: \$ _____
 (SEVO requires that within the first 6 months your orders total 30% or more of your estimated annual purchases)
 Breakdown of projected revenue:

Fire _____% Security _____% Sprinkler _____%

Do you presently install any of the equipment you sell? Yes ___ No ___

Do you warranty equipment after the sale? Yes ___ No ___

Do you service the equipment after the sale? Yes ___ No ___

Do you call on architects & engineers in your territory? Yes ___ No ___
 If yes, how often? _____

Do you have an outside sales force? Yes ___ No ___
 If yes, how many are dedicated to fire? _____

Do you have a tech support dept.? Yes ___ No ___
 If yes, how many techs? _____

Does your city or state require a city or state Fire Suppression License? Yes ___ No ___

What level of stock do you maintain currently on your major lines? Yes ___ No ___

What do you feel is the most important feature or relationship between a Manufacturer and Distributor?

Clean Agent Fire Suppression System Profile Data:

Do you and your staff have a solid general knowledge of Clean Agent Fire Suppression Systems?

Yes ___ No ___

Are you or any of your staff NICET certified? Yes ___ No ___

If Yes, how many? _____ To what level? _____

Does your staff have a general knowledge of NFPA72/NFPA 2001, Life Safety 101 and NEC 760?

Yes ___ No ___

What competitive fire systems have you designed, sold, or installed?

Do you or your staff have a general knowledge of mechanical and electrical wiring practices, methods, and procedures? In particular as they relate to your local trading area?

Yes ___ No ___

Have you or anyone in your company attended a SEVO Systems training class?

Yes ___ No ___

SEVO Systems requires that you send at least one or more of your employees to our SEVO training class. This course provides comprehensive training in designing, installing, testing, and refilling procedures. When and who will you be signing up for these classes? *A fee will be charged for the training class.*

Please give your final recommendations and market assessment for bringing on the potential three-year revenue forecast.

Signature:

Date:

Name:

Title:

Company:
