



**DOMESTIC BUYER PROGRAM QUESTIONNAIRE
@ COSMOPROF NORTH AMERICA
JULY 23, 2016 – LAS VEGAS**

Company Name:	
Contact Person:	
Title:	
Address:	
City:	State/ ZIP Code:
Tel:	Fax:
Website:	
E-mail:	Mobile:

How long has your company been a distributor?

What is the company's profile:

<input type="checkbox"/> Importer	<input type="checkbox"/> Open line distribution with stores
<input type="checkbox"/> Full service distribution with stores	<input type="checkbox"/> Manufacturing representative
<input type="checkbox"/> Distribution without stores	

What services does your company offer?

<input type="checkbox"/> Legal Registration	<input type="checkbox"/> Legal Registration
<input type="checkbox"/> Full service distribution	<input type="checkbox"/> Warehousing/Shipping
<input type="checkbox"/> Sales activities	<input type="checkbox"/> Importing

How many brands do you currently distribute?

How many brands to do you currently import?

Please list up to two (2) brand names that your company distributes:

1. _____ 2. _____

How many outlets/doors do you currently distribute to directly?

Please specify your distribution region:

What is the company's estimated 2015 turnover in USD?

The company's main interest is to meet companies suitable for:

<input type="checkbox"/> Luxury Prestige/Department Stores	<input type="checkbox"/> Internet
<input type="checkbox"/> Luxury Specialty/Limited	<input type="checkbox"/> Drug Stores
<input type="checkbox"/> Professional Distribution-Spa/Salons	<input type="checkbox"/> Apothecary
<input type="checkbox"/> Independent Boutiques/OTC's	<input type="checkbox"/> Beauty Salons
<input type="checkbox"/> Specialty Stores	<input type="checkbox"/> Other. Which?

Please identify product categories that you would like to see as part of the pre-scheduled meetings:

<p>Hair Care:</p> <p><input type="checkbox"/> Hair shampoo and conditioners</p> <p><input type="checkbox"/> Hair relaxer and strengtheners (keratin, etc)</p> <p><input type="checkbox"/> Hair Styling Products</p> <p><input type="checkbox"/> Hair Dyes</p> <p><input type="checkbox"/> Hair treatment</p> <p><input type="checkbox"/> Hair brushes</p> <p><input type="checkbox"/> Other hair care product:</p>	<p>Skin Care:</p> <p><input type="checkbox"/> Moisturizers</p> <p><input type="checkbox"/> Treatment (Masks, cleansers, etc)</p> <p><input type="checkbox"/> Anti-aging</p> <p><input type="checkbox"/> Scrubs</p> <p><input type="checkbox"/> Oils</p> <p><input type="checkbox"/> Massage cream or oil</p> <p><input type="checkbox"/> Other skin care product:</p>
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<p>Bath Products:</p> <p><input type="checkbox"/> Soaps and shower gels</p> <p><input type="checkbox"/> Sponges</p> <p><input type="checkbox"/> Aromatherapy</p> <p><input type="checkbox"/> Bath salt</p> <p><input type="checkbox"/> Bath oil</p> <p><input type="checkbox"/> Other bath products:</p>	<p>Nail Products:</p> <p><input type="checkbox"/> Nail polishers</p> <p><input type="checkbox"/> Scissors</p> <p><input type="checkbox"/> Emery boards</p> <p><input type="checkbox"/> Nail polish remover</p> <p><input type="checkbox"/> Other nail products:</p>
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<p>Beauty Salon or Aesthetics equipment or accessories:</p> <p><input type="checkbox"/> Disposable products</p> <p><input type="checkbox"/> Aesthetics brushes</p> <p><input type="checkbox"/> Lasers</p> <p><input type="checkbox"/> Chairs</p> <p><input type="checkbox"/> Other equipment:</p> <p><input type="checkbox"/> Other accessories:</p>	<p>Depilatories:</p> <p><input type="checkbox"/> Waxing products</p> <p><input type="checkbox"/> Hair removal creams</p> <p><input type="checkbox"/> Accessories</p> <p><input type="checkbox"/> Equipment</p> <p><input type="checkbox"/> Other depilatories:</p>
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**PLEASE COMPLETE THE ENTIRE FORM WITH ALL THE REQUESTED INFORMATION AND
E-MAIL BACK TO marketing@cosmoprofnorthamerica.com**