

# FirstVue Corporation International Distributor Profile

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

In which country or countries do you currently focus your sales efforts?

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What is the size of your company compared to other distributors in your area? Small  Medium  Large

Number of Employees: Total: \_\_\_\_\_ Outside Sales: \_\_\_\_\_ Customer Service Reps: \_\_\_\_\_

Approximate annual sales in U.S. dollars (check one):

<\$500,000  \$500,000-\$1,000,000  \$1-\$5 Million  \$6-\$10 Million  \$11-\$25 Million  >\$25 Million

What are your Company's Target Markets? (list from strongest (1) to weakest (5), use N if not involved):

Government \_\_\_\_\_ Laboratories \_\_\_\_\_ Clinics \_\_\_\_\_ Insurance \_\_\_\_\_ Hospitals \_\_\_\_\_ Other (specify) \_\_\_\_\_

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Please indicate the products you would like to distribute and your target markets:

**PRODUCTS:** (please check)

**TARGET MARKETS:**

- |                        |                          |       |
|------------------------|--------------------------|-------|
| 1. FirstVue HBsAg      | <input type="checkbox"/> | _____ |
| 2. FirstVue H. pylori  | <input type="checkbox"/> | _____ |
| 3. Drugs of Abuse DOA  | <input type="checkbox"/> | _____ |
| 4. STD's               | <input type="checkbox"/> | _____ |
| 5. PSA (prostate test) | <input type="checkbox"/> | _____ |
| 6. Health Supplements  | <input type="checkbox"/> | _____ |
| 7. Other               | <input type="checkbox"/> | _____ |

Do you currently sell any other diagnostic products?  Yes  No

If yes, which products? \_\_\_\_\_

If no, please specify reason: \_\_\_\_\_

What other medical products do you distribute? \_\_\_\_\_

Please list all products you distribute: \_\_\_\_\_

Which tradeshows/conventions do you attend each year? \_\_\_\_\_

Please provide us with two business references:

**Business Reference 1**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Business Reference 2**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**To support your Distributor Profile, please provide us with a general business/marketing plan. Please either complete the questions below or send us separately an outline of the following:**

**What are your perceived market opportunities for product (s) of interest?**

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**Estimation of the size of the target markets (units/sales).**

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**What is your perceived value proposition of the product (s) compared to what is currently available?**

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**Provide a summary of current competitive environment (i.e., who are the competitors, how are competitors positioned, pricing, estimation of unit sales of competitor products, etc.).**

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**Provide a brief description of how your company is positioned to market and sell the products (s) to the target markets.**

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**Overview of your regulatory and registration process, estimation of the time and cost for registration/evaluation.**

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**What is your sales forecast by quarter for years 1 through 3?**

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**Please fax to 850-583-0400 or email to: [sales@firstvue.com](mailto:sales@firstvue.com)**