

**DISTRIBUTOR INQUIRY FORM**

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip / Postal Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Website** \_\_\_\_\_

**Company's main activities:**

**Territory / Customer base covered:**

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**Number of Employees** \_\_\_\_\_

**Number of sales persons** \_\_\_\_\_ **Number of Medical Representatives** \_\_\_\_\_

**Yearly Sales Volumes** \_\_\_\_\_

**Market size for NavehPharma's products** \_\_\_\_\_

**Products of interest:**

**Clean Ears**   **Dry Ears**   **Medisnore**   **Salina Gel**   **Salina Spray**

**ElectroRice Strawberry & Lemon**   **Anti Leg Cramps**   **FemmiLub**

**Other supplier (3) references:**

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**Comments:**