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Prospective Distributor Questionnaire (PDQ ENG)

Distributor: _____ Date: _____

Main Contact: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Cell: _____

State: _____ Postal Code: _____ Country: _____

URL: _____ Email: _____

States serviced: _____ # of employees: _____

FDA Registration Number: _____

In what year was your business established? _____

- Your customers:
- | | | |
|---|--|--|
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Surgery Centers | <input type="checkbox"/> Doctors' offices |
| <input type="checkbox"/> Podiatrists | <input type="checkbox"/> Veterinarians | <input type="checkbox"/> Orthopedic Surgeons |
| <input type="checkbox"/> Spinal Surgeons | <input type="checkbox"/> Neurosurgeons | <input type="checkbox"/> Hand Surgeons |
| <input type="checkbox"/> OR Nurses | <input type="checkbox"/> Surgical Techs | <input type="checkbox"/> Central Supply |
| <input type="checkbox"/> Purchasing/Material Management | <input type="checkbox"/> GPOs | |
| <input type="checkbox"/> Other(s): _____ | | |

What other surgical instrument lines do you carry?

For how many years?

How did you hear about gSource?

- Exposition/Trade Show If yes, which? _____
- www.gSource.com
- Other website If yes, which? _____
- gSource mail/ad/flyer If yes, which? _____
- Other _____

Your annual purchases of surgical instruments in U.S. dollars: _____

How many sales reps do you have on staff? _____

What other products/services do you offer? Please list all companies/brands/services.

- _____ For how many years? _____
- _____ For how many years? _____
- _____ For how many years? _____
- _____ For how many years? _____

How many years of experience do you have with surgical instruments? _____

How many years of experience do you have with **orthopedic** instruments? _____

Do you have knowledge of **orthopedic** products, industry, marketplace? If yes, please explain. If no, how do you intend to gain this knowledge? _____

Will gSource be your primary line for all instruments used in orthopedic surgery? Yes No
If not, please list reasons: _____

Please estimate your annual gSource purchase totals: _____

Would you be willing to purchase a "Sample Set" of instruments? Yes No

What will gSource contribute to your product offering? _____

What would be your plans to advertise, exhibit, and/or promote the gSource product line? _____

Additional Comments: _____

What questions do you have for gSource?

Applicant Signature _____ Date _____

Please email completed form to email@gSource.com or fax to 201-599-3306.

Thank you for your interest in gSource.