

## **International Distribution Questionnaire**

Thank you for your interest in entering into an international distribution agreement with PharmaSmart International Inc. PharmaSmart offers a premiere Blood Pressure Management program designed to give patients, pharmacists & medical providers sophisticated, easy-to-use tools to test, track, and manage blood pressure.

Our diverse product line offers customized solutions for any type of medical, clinical, worksite, health club, or pharmacy environment. Our equipment currently delivers over 70 million BP tests each year.

For markets outside North America, PharmaSmart is interested in entering into discussion with qualified agents for territorial distributor arrangements. Because demand is very high for PharmaSmart products and services, we are asking that all candidates provide detailed information about their organizations, business history, and unique qualifications. Your answers will speed up the evaluation process. If your organization meets our criteria, PharmaSmart will contact you for Phase II discussions.

### **Our program Requirements:**

1. All potential partners must sign an NDA
2. All potential International distributors must answer a series of questions and provide detailed feedback so that we can better understand the composition of your business and whether or not synergies exist.
3. All companies wishing to enter into a distributor arrangement with Pharma-Smart International must disclose the extent of their logistics, government regulatory certifications, references, product portfolio and any other information you feel will help improve your opportunity to become a Pharma-Smart distributor.
4. We require that you provide a complete profile of your business indicating what your overall objectives are for PharmaSmart products and services throughout your region.
5. You will be required to submit responses to the following questions by e-mail to [js@pharma-smart.com](mailto:js@pharma-smart.com). Please allow for a 6 week screening period, after which PharmaSmart may contact you to schedule Phase II discussions.

#### PHARMASMART USA

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FAX 585.427.8165  
[www.pharma-smart.com](http://www.pharma-smart.com)

In a separate document, please provide the following information

### **Company Characteristics:**

1. Name of primary contact
2. Title of primary contact
3. Company name
4. Address
5. Phone/fax/email
6. Trade
7. Website address
8. Email address
9. Years in business
10. Proposed distribution region (countries)

### **Q&A**

- a. What prompted you to contact PharmaSmart International? Elaborate on your business objectives.
- b. Describe your current business operations in detail.
- c. Have you performed any market research in your territory related to BP Kiosk technology?
- d. Provide a background on your business history, and the experience/qualifications of your ownership/executive team.
- e. Can you provide several business references with which you have done business for over 5 years?
- f. Outline any product lines you currently distribute.
- g. What was your company's approximate 2007 revenue (in US\$)?
- h. How many employees are in your organization?
- i. Do you have a warehouse / distribution infrastructure? Please elaborate
- j. Do you have a field technician network in place? Provide an overview.
- k. Describe your sales and marketing capabilities in your territory.
- l. Have you worked with North American companies before?
- m. Do you have a customs broker that can clear all products?
- n. Are you willing to cover shipping costs?
- o. What method of distribution transportation logistics do you use?
- p. Will you sign a confidentiality agreement?

We appreciate your cooperation in sharing the information requested. If you have any questions please do not hesitate to contact our Josh Sarkis, Sr VP of Business Development, at 604-224-2662, or e-mail: [js@pharma-smart.com](mailto:js@pharma-smart.com)