

Laboratorio Capilo Español

Please provide Laboratorio Capilo Español the following information:

1. Name of the company:	
2. Address:	
3. Zip Code:	
4. State and City:	
5. Country:	
6. Phone #:	Fax #:
7. Email:	Website:
8. Name of the owner of the company:	
9. In which countries are interested in distributing our products to?	
10. Which products are the most interesting for you?	
11. Contact Person Name:	
12. Year of establishment of your company:	
13. Annual sales for the last 3 years (please specify these years)	
14. Which products do you distributed (Brands/Products):	
15. About your Distribution	
a. Distribution Area:	
b. Type of Business you serve (department stores, beauty salons, beauty supplies):	
c. Number of Customers:	
d. Which one is your best customer:	
e. Do you sell thru local distributors (Si/No): How many?	
f. Do you sell thru your own distribution: (Yes/No)	
g. Do you have a warehouse:	Size of your warehouse:
h. Number of salespeople:	
i. Gross Margin of retail stores:	%
j. Gross Margin of distributors:	%

Please send this form to this email address: dlomba@capilo.com.do