



No-Break™ DC Power

31 January 2011

To: Potential Distributors

Re: Distributor Evaluation

Dear Sir/Madam,

For Innovative Energies to supply your company with our products, we would appreciate if you could let us have some further information in regards to your company for preparation of a distribution evaluation.

Please complete this form as fully and clearly as possible, and attach any other information (company reports, brochures etc) that may assist us in supporting your company. Please return this form via fax or email to us at the address below.

1. YOUR COMPANY NAME:

ADDRESS:

Street (for shipping):

Postal (for billing):

Telephone:

Webpage:

Other Offices address:

2. PERSONNEL

CEO:

Title:

Marketing:



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Title: _____

Sales: _____

Title: _____

Purchasing: _____

Title: _____

Number of sales representatives: _____

Number of technical support staff: _____

Total number of employees: _____

3. COMPANY

How many years has the company been operating? _____

What manufacturers and products account for 80% of your business? _____

List major lines previously carried but discontinued, and reason(s) for discontinuing

Do you manufacture any Power Electronic Products? _____

If so, please describe: _____

3. COMPANY (continued):

Do you have warehousing and stocking facilities? Yes / No



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Please give a brief explanation of your marketing methods: _____

List major exhibitions / meetings attended and the month each occurs: _____

4. FINANCIAL

Bank: _____

Bank address: _____

Revenue currency: _____

Revenue last year: _____

Revenue estimate this year: _____

5. MARKET

Country / area covered _____

Markets covered e.g. Telecommunications, Radio, Military, and Industrial: _____

What is your assessment of the market for Innovative Energies product in the next 12 months ? _____

6. REGULATORY



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Is registration of products mandatory in your country? _____

Time needed to register: _____

List all approvals required / demanded by your market: _____

What are the procedures needed to ensure proper registration / approval? _____

Staff member name responsible for approvals ? : _____

7. ADDITIONAL DATA:

Preferred freight forwarder: _____

Preferred shipping method: _____

Partial Shipment allowed: _____

Customs agent details: _____

Please provide any other information that may assist us to service your company's requirements: _____



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This statement does not oblige yourselves or Innovative Energies Ltd. to accept or award distributor rights based upon the information submitted herein or attached. Any such information submitted will be held in confidence, so long as it is or has not become disclosed to the public, or known to Innovative Energies from a separate source.

Terms of payment for the initial 12 months is by Telegraphic Transfer prior to dispatch.

Should you have any queries regarding this questionnaire please do not hesitate to contact us at your first opportunity. Assuring you of the best of our attention at all times and we look forward to being of service to your company in the near future.

Signed: _____

By Name: _____

Title: _____

Date: _____