

Corporate Services and Fulfillment Questionnaire

Company Name:			Date:		
Principal Contact: _					
Principal Contact's	Email:				
Address:					
City:		State:	Zip Code:		
Phone#:	Ce	ell #:	Fax#:		
Website:					
Type of Product:	☐ General	Medical	Aesthetic		
Description of Prod	uct(s):				
Do you need fulfillm	nent for Internatio	nal purposes?			
If yes, what country	(countries)?				
UBS Use:					



Customers
Is there an existing customer database? If yes, can it be sent in an Excel spreadsheet format?
Will you need our assistance in onboarding customer facilities to become an approved vendor?
Is your product stocked by customers or delivered by sales reps/distributors?
Sales Reps
Are there existing sales reps or distributors? If yes, how many?
Do you need assistance in onboarding sales reps/distributors, i.e. obtaining documentation for commission payments, sample shipments, etc.?
Will UBS be responsible for administration and support of distributors/ sales reps by shipping samples, shipping/emailing literature, etc.
Will UBS be responsible for calculating commission, creating commission reports, etc.?
Order Receipt
How will UBS be receiving orders, e.g. phone, email, fax, retrieving from online portal, etc.?
Is there an established toll-free number? If yes, will calls be automatically forwarded to UBS?
Who will be calling UBS with orders, e.g. customers, sales reps, staff, etc.?
Shipping
Is there an established shipper account, e.g. FedEx, UPS, etc.? If not, do you need assistance in establishing a Fedex account?
Will UBS be asked to ship inventory other than for customer orders, e.g. samples, trade show, etc.?



Inventory
How many items are on the product list? (Price list needed)
How much product will have to be stored?
Does your product require climate control?
How do we request more inventory?
Sales Tax
Is your product taxable?
If so, are there any existing sales tax registrations in any states?
Order Processing
Is there an existing order form or delivered order form?
If no, do you need assistance creating an order form or delivered order form?
Is there a minimum order requirement, e.g. 1 case, 1 dozen, etc.?
Are purchase order numbers necessary?
Are the customers primarily hospitals or medical facilities?
Payment Processing
What payment terms will be offered, e.g. Net 30, credit card, personal checks, ACH, etc.?
Will we be processing credit card payments?
Will customer payments be deposited directly to your company account? If yes, is ACH/electronic check payment available? Please enter your bank name.



Commission
Is there an opportunity for UBS be paid commission or override on sales?
Customer Service
Will you need us as a call center?
Will we be interacting with customers?
Marketing
Will you be participating in trade shows, workshops, seminars, etc? If so, do you need storage for your trade show materials?

Please email complete questionnaire to <u>ifaust@ubsmed.com</u>. If you have any questions, please call (610) 317-1670 x116. We look forward to providing a proposal.

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