

Universal Business Solutions, Inc. 2436 Emrick Boulevard Bethlehem, PA 18020 (610) 317-1670

## **Corporate Services and Fulfillment Questionnaire**

Company Name:			Date:	
Principal Contact: _				
Principal Contact's	Email:			
			Zip Code:	
Phone#:	Ce	II #:	Fax#:	
Website:				
Type of Product:	☐ General	Medical	Aesthetic	
Description of Prod	luct(s):			
Do you need fulfilln	nent for Internation	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?	
Sales Reps	
Are there existing sales reps? If yes, how many?	
Will UBS be responsible for supporting reps by shipping samples, shipping/emailing literature, calculating commission, creating commission reports, etc.?	
Order Receipt	
How will UBS be receiving orders, e.g. phone, fax, email, 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.?	
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?	
How do we request product?	





Commission
Will UBS be paid commission on sales? If yes, what percentage or per unit amount?
Customer Service
Will UBS be expected to handle technical questions? If no, where will those calls be forwarded?
Marketing
Will UBS have any marketing responsibilities, e.g. document review, printing, trade show involvement, shipping related to marketing events?

Once the application is completed, please fax to 610-317-1672 or email <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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