

**KOPSA OTTE  
306 EAST SEVENTH STREET  
YORK, NE 68467  
800-975-4829  
E-Mail: ahaumont@kopsaotte.com**

## **DISTRIBUTOR PROFILE QUESTIONNAIRE**

1. How do you prefer to be contacted?    E-mail    Regular Mail

If e-mail, may we send confidential information, or does someone else have access?    Yes    No

### **DISTRIBUTOR**

1. How many store/warehouse locations do you have?  
Please list them
  
2. Which location is your main location?
  
3. Do you have plans in the future to begin developing any territories that have not been thus far? If so, please list them.
  
4. Do you have plans to build additional stores in any of your territories? If so, please attach the following information for each new store planned:
  - Planned location?
  - Time frame for accomplishing the expansion?
  - Funding for project?
  - Do you have a business plan in place for the expansion?

**STAFF**

1. Which of the following fringe benefits are you providing?

- Pension plan  
If yes, what type \_\_\_\_\_
- Cafeteria plan
- Health Insurance
- Dental Insurance
- Mileage
- Other \_\_\_\_\_

2. Do you have employee meetings?      Yes      No  
How often? \_\_\_\_\_

3. Please list your commission structure for your outside sales people:

4. Do you have a non-compete covenant with your employees?      Yes      No

**BUSINESS**

1. Do you have a budget?      Yes      No

2. Do you have written business goals?      Yes      No

3. What form of business are you?

Entity #1                      Entity #2

- Sole proprietor
- S corporation
- C corporation
- Limited liability company
- Partnership

4. If the entity is a corporation, what is the fiscal year end?  
Entity #1                      Entity #2

\_\_\_\_\_

5. Please list the owners and the percentage owned.

Owner Name	Entity #1 %	Entity #2 %
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you review financial statements?

- Monthly
- Quarterly
- Annually

7. Do you feel that you are utilizing all the tax advantages for your particular form of business?    Yes    No

8. Do you have a "business team" that you meet with on a regular basis? Please list.

	Name	How Often
• CPA	_____	_____
• Attorney	_____	_____
• Banker	_____	_____
• Financial advisor	_____	_____

9. Do you do your own accounting or do you use an accounting firm?

Do own                      Use accounting firm

10. Is your accounting on a computer?    Yes    No

11. If so, what accounting software do you use? \_\_\_\_\_

Please provide user name \_\_\_\_\_

Please provide password \_\_\_\_\_

12. What distributorship software do you use? (Accountmate, SIMS, etc...)

\_\_\_\_\_

13. What is your average cost of sales percentage? \_\_\_\_\_%

14. What is the mark up percentage on equipment?

**PLEASE COMPLETE THE FOLLOWING FOR EACH LOCATION:**

**Location #1**

1. City and state where located?

2. Please check one:      Store      Warehouse      Both

3. Do you own or lease your building?      Own      Lease

Monthly payments \_\_\_\_\_

4. Are there any monthly fees associated with the lease?      Yes      No

Amount \_\_\_\_\_

5. Number of square feet of building? \_\_\_\_\_

If both a store and warehouse are located here, what is the split between the two?

6. What type of setting is your building in?

Strip Center  
Free Standing Building  
Enclosed Mall

\_\_\_\_\_

7. When was the last time you remodeled this location? \_\_\_\_\_

**Location #2**

1. City and state where located?

2. Please check one:    Store    Warehouse    Both

3. Do you own or lease your building?    Own    Lease

Monthly payments \_\_\_\_\_

4. Are there any monthly fees associated with the lease?    Yes    No

Amount \_\_\_\_\_

5. Number of square feet of building? \_\_\_\_\_

If both a store and warehouse are located here, what is the split between the two?

6. What type of setting is your building in?

- Strip Center
- Free Standing Building
- Enclosed Mall

\_\_\_\_\_

7. When was the last time you remodeled this location? \_\_\_\_\_

Please list the 3 biggest problems facing your operation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list the 3 biggest strengths of your operation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What is your major objective (goal) that you would like to accomplish in the next 3 to 5 years?

Owner Name \_\_\_\_\_

Distributorship Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_