



HOME of MAGNUM[®] BOARD
“The New Generation Building Material”

Distributor Prequalification Survey

Please return completed questionnaire to:

Magnum Building Products
 Attn: Law Department
 10150 Highland Manor Drive
 Suite 200
 Tampa, FL 33610 USA

Phone – 813-314-2202
 Fax - 813-314-2203
 Cell - 813-900-2957
 E-Mail – darmstrong@magnumbp.com

General Information

Legal Name & Address of Company	
Legal Company Name:	
Street:	
City:	
State or Province:	
Zip or Post Code:	
Country:	

Contact Information	
Main Telephone Number:	
Main Facsimile Number:	
Main Contact Email Address:	

Type of Organization							
Proprietorship:	__	Corporation:	__	Partnership:	__	LLC:	__
Date Company Organized:							

Principal Officers and / or Owners			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	

Financial Information	
Total Sales Last Year in US Dollars:	\$ _____
Total Year to Date Sales in USD:	\$ _____

Project Sales, Balance of Year USD:	\$ _____
Project Sales, Next Year USD:	\$ _____

Banking Information	
Bank Name:	
Address:	
City / State:	
Post Code / Country:	
Banking Contact:	
Telephone Number:	
Email Address:	

Trade References	
Company Name:	
Address:	
City / State / Post Code / Country:	
Contact Name:	
Telephone Number:	
Email Address:	
Company Name:	
Address:	
City / State / Post Code / Country:	
Contact Name:	
Telephone Number:	
Email Address:	
Company Name:	
Address:	
City / State / Post Code / Country:	
Contact Name:	
Telephone Number:	
Email Address:	

Key Contacts Within Your Company MBP Will Be Working With			
Name:		Title:	
Phone No.:		Email:	
Name:		Title:	
Phone No.:		Email:	
Name:		Title:	
Phone No.:		Email:	
Name:		Title:	
Phone No.:		Email:	

Professionals On Staff – Engineers, Architects, Etc.			
Name:		Title/Cert:	
Phone No.:		Email:	
Name:		Title/Cert:	

Phone No.:		Email:	
Name:		Title/Cert:	
Phone No.:		Email:	
Name:		Title/Cert:	
Phone No.:		Email:	

If You Are A Subsidiary, List Name and Address of Your Parent Company:	
Parent Company Name:	
Address:	
City / State or Province:	
Postal Code / Country:	
Contact Name / Title:	
Phone No. / Email Address:	

Describe Your Company's Major Business Activity Such as Distributor, General Contractor – Residential, Commercial, Industrial Construction

List Your Distribution Locations & Geographic Coverage	

A Corporate brochure providing the above information may be included in lieu of listing your locations and geographic coverage.

Provide a Complete Overview of Facilities And Supporting Capital Equipment	

List Core Products Currently Being Distributed	
Product Name:	
Product Name:	
Product Name:	
Product Name:	
Product Name:	
Product Name:	
Product Name:	
Product Name:	
Product Name:	
Product Name:	

How Will MBP Products Fit Into Your Future Marketing Plans?

Are You Currently Distributing Similar Products to MBP's Products?			
Yes:	_____	No:	_____

If Yes To Above Question, Please Name Companies / Products			
Company:	_____	Product:	_____
Company:	_____	Product:	_____
Company:	_____	Product:	_____
Company:	_____	Product:	_____
Company:	_____	Product:	_____

Briefly Describe Your Marketing Plans For MBP Products, i.e. Displays, Lunch & Learns, Work Shops	

Please Define Any Training Classes you May Conduct for Contractors and How Often	Contractors and

OFFSHORE BUYERS PLEASE PROVIDE IMPORT INFORMATION	
Country / City of Import	
Name of Port	
Distance from Distribution Location	

This survey was completed by:

Print Name

Signature

Title

Date

By signing above, I confirm that I am authorized to present the information contained herein and I certify that the information provided is accurate to the best of my knowledge.