

COMPANY PROFILE

1. **Company Name:** _____
2. **Address:** _____

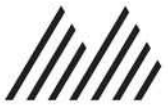
3. **Ownership:** Private _____ Public _____ Stock Symbol _____
4. **Year Incorporated:** _____
5. **Phone:** _____
6. **Toll Free:** _____
7. **Fax:** _____
8. **E-Mail:** _____
9. **WEB Site Address:** _____

HISTORICALLY UNDERUTILIZED BUSINESSES

10. If your company qualifies as a historically underutilized business, please check the appropriate category:

- Certified Minority Owned Business
- African American Owned Business
- Asian Owned Business
- Hispanic Owned Business
- Native American Owned Business
- Certified Woman Owned Business
- Certified Disabled Owned Business
- Certified Veteran Owned Business
- Certified Services Disabled Owned Business
- Small HUB Zone Business





PERSONNEL

11. Number of Employees: _____

12. Top THREE Company Employees:

NAME	TITLE	Years with Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Contact person for Sales:

_____ This individual is a(n) Employee Consultant

14. Contact person for National Accounts:

_____ This individual is a(n) Employee Consultant

15. If we had an agreement with your company, our contact person would be:

NAME: _____ EMAIL : _____

PHONE: _____ FAX: _____

SALES / MARKETING

16. How do you sell/market your products? (List all that apply)

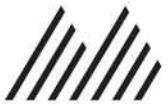
"Direct" Sales Reps. _____ % Telemarketing _____ % Direct Mail _____ %

"Independent" Sales Reps. _____ % Distributor _____ %

17. What percentage of your company's business is:

Direct? _____% Through Distribution? _____ %





18. If applicable, name the major distributors you work with:

19. On a separate sheet – please briefly outline your present marketing plan for healthcare and how you see promoting and selling your product line if awarded a contract.

20. Please attach a copy of your reps and give a brief description of how you communicate with them.

21. Do you have inside sales representatives? _____ If so, how many? _____

22. If applicable, list your company’s “TOP THREE (3) Manufactured Products”:

PRODUCT NAME	GENERIC DESCRIPTION	Total Product Rating*	% of Your \$ Market	Sales
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*Rate your products 1-5 where 1=being generic/price sensitive and 5=being specialty/sales sensitive

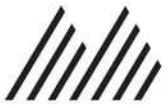
23. Who/what do you consider your major competition? PLEASE LIST:

24. To which user group(s) do you sell your products? (List all that apply)

Hospital _____ % Home Healthcare _____ % Long Term Care _____ %

Physician _____ % Other _____ % Describe: _____





25. To help us in determining where best to market your products, if we have an agreement, please indicate below any and all areas where your products are utilized:

ACUTE CARE (Hospital)

- Administration
- Anesthesia
- Emergency Room / Trauma Center
- Food Service
- General Nursing Units
- Housekeeping / Environmental Services
- ICU / CCU
- Laboratory
- Maternity / Women's Health / Nursery / NICU
- Operating Room / Outpatient Surgery
- Pediatrics
- Physical Medicine / Rehabilitation Therapy
- Pulmonary Medicine / Inhalation Therapy
- Radiology
- Other Departments:

NON-ACUTE

- Ambulatory Care Centers
- Assisted Living Centers
- Blood Bank, "Free Standing"
- Clinics, "Free Standing"
- Dialysis Centers
- Home Health Agency / VNA
- Imaging Center
- Independent Pharmacy
- Long Term Care Facility
- Nursing Home
- Outpatient Rehabilitation
- Outpatient Surgery Centers
- Physician Offices
- Sub-Acute Care Facility
- Other Healthcare Settings:

MISCELLANEOUS

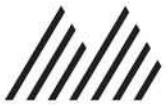
26. If applicable, your company's current FDA registration is as a:

- Medical Device Manufacturer
- Drug Manufacturer
- Biologics Manufacturer

27. Are your products ISO approved?

- YES NO Not Required





28. Help us understand the process used with "Sales Leads" that are generated:

What specific information do you want provided with any "Sales Leads"?

Who should get the "Sales Lead" information?

How much time will typically elapse between when the "Sales Lead" is provided and when the customer is contacted?

Will the local sales rep know that the "Sales Lead" came as a result of the MAGNET contract?

YES NO

Will you provide us "feedback" on the status of the "Sales Lead?"

YES NO

If so, how soon should we expect a report? _____

How frequently thereafter? _____

29. If awarded a contract you will be required to capture and report sales to MAGNET Cooperative with MAGNET Cooperative Facility #, Facility Name, Address and Amount of Sale & Admin Fee. Please attach a sample copy from your system of such a report we can expect.

Name, Title & Phone Number of person that completed this form:

Name: _____

Title: _____

Phone: _____

