

# NEW DISTRIBUTOR EVALUATION SHEET

Company Name(s): \_\_\_\_\_

Contact Name(s): \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

1. What prompted your interest in distributing Kinesio® Taping products?

2. Please provide the names & titles of individuals with whom we would be interacting:

3. If applicable, please list parent company and/or larger affiliate(s):

4. What is your total area of distribution? (please specify city, state, country, where applicable)

Local: \_\_\_\_\_ Regional(State(s)): \_\_\_\_\_

National: \_\_\_\_\_ International(Countries): \_\_\_\_\_

5. Please rank the top five(5) medical fields to which you market, with one(1) being your largest market

PT: \_\_\_\_\_ OT: \_\_\_\_\_ ATC: \_\_\_\_\_ LMT: \_\_\_\_\_ DC: \_\_\_\_\_ MD: \_\_\_\_\_ DO: \_\_\_\_\_ OTHER: \_\_\_\_\_

6. Please rank the top five(5) medical fields to which you market, with one(1) being your largest market

Catalog: \_\_\_\_\_ Direct Mail: \_\_\_\_\_ Sales Rep: \_\_\_\_\_ Exhibition: \_\_\_\_\_

Other: \_\_\_\_\_

7. Would your company be interested in co-op advertising opportunities?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

8. Does your company market through the internet?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, would Kinesio® products be placed on the website for possible e-commerce sales?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Does your company currently support/co-sponsor educational seminars? If yes, to what extent?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Comments: \_\_\_\_\_

10. Your initial order will consist of what KT specific products and how much? Minimum amounts are listed below to qualify for sub-distributor pricing and partner pricing. Please check the amount you are interested in.

### Sub-Distributor Qualifications:

### Partner Qualifications:

Kinesio® Tex Tape:	minimum of 600 rolls:	601-1200 rolls:	1,200+ rolls:	150,000+ rolls:
Kinesio® Taping Manuals:	minimum of 10 manuals:	11-25 manuals:	26+ manuals:	1000+ manuals:
Kinesio® Taping Scissors:	minimum of 5 scissors:	6-10 scissors:	11+ scissors:	1000+ scissors:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: There will be a 3 month trial period, during this time you will receive monthly calls from Kinesio® in order to acquire information that will aid in the marketing and sales of product purchased.**



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