

Prospective Licensee Questionnaire

A. Company Information

Business Name:	
Contact Name:	
Contact Email:	
Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Other_____	
Business Federal ID#	Years in Business:
Federal ID/SSN/SIN:	

Contact Information	
Address 1:	
Address 2:	
City:	
St/Prov.:	Zip/Postal Code:
Country:	
Work Phone:	Fax:
Home Phone:	
Cell Phone:	
Email:	
Website:	

B. Current Business

- Please provide a couple paragraphs describing your company and capabilities, including facilities, technical expertise, distribution channels, sales force, etc.

- Please provide some details about your current business.

- Current Products



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Prepared By: Lani Viacrusis		Approved By: Bee Wood		Approved By:

b. Current Market Segments

- Livestock Production
- Waste Management
- Home and Garden
- Human Health
- Companion Animals
- Environmental
- Agricultural
- Other _____

c. Annual revenue – prior year (\$US)

d. Number of employees

3. Proposed Business Funding. Please provide some information about how this new product line will be funded. (i.e. Existing business, private funds, bank loans, etc) Please provide as much detail as possible.

4. Do you intended to manufacture secondary products (ready to use)? Immediately? Over time?

5. Are you looking for exclusivity? If so, what territory?

6. Are you aware of the product registration process in your country/region? Are you able to handle the cost of those registrations?

7. Are you prepared to pay a licensing fee? (Minimum \$40,000)

C. Business References

1. Please provide business references including name, company name and contact information.

1. _____
2. _____
3. _____

2. What is your experience with Probiotics?

3. How did you learn about SCD? Who referred you?

D. Distribution:

1. What is your proposed geographical market area for SCD Probiotics Products?

2. Targeted Industry/Industries

- | | |
|---|--|
| <input type="checkbox"/> Livestock Production | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Waste Management | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Home and Garden | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Human Health | _____ |
| <input type="checkbox"/> Companion Animals | _____ |

3. Which SCD products are you most interested in distributing?

- | | |
|-------------------------------|--|
| SCD Probiotics Mother Culture | <input type="checkbox"/> ProBio Balance Original |
| | <input type="checkbox"/> ProBio Balance Plus |
| | <input type="checkbox"/> SCD Probiotics Food |
| Human Health | <input type="checkbox"/> SCD Essential Probiotics |
| | <input type="checkbox"/> SCD Herbal Probiotics |
| | <input type="checkbox"/> Xtra Immunity |
| Home and Garden | <input type="checkbox"/> All Seasons Indoor Composter |
| | <input type="checkbox"/> All Seasons Bokashi |
| | <input type="checkbox"/> SCD Bio Ag |
| | <input type="checkbox"/> SCD Probiotics Soil Enrichment |
| Animal Health | <input type="checkbox"/> SCD Probiotics Odor and Stain Remover |
| | <input type="checkbox"/> SCD Probiotics Breath Spray |
| | <input type="checkbox"/> SCD Probiotics Coat Care |
| Livestock Operations | <input type="checkbox"/> SCD Bio Livestock |
| | <input type="checkbox"/> SCD Probiotics Equine Plus |
| | <input type="checkbox"/> SCD Probiotics Barn Kleaner |
| Agricultural, Waste Treatment | <input type="checkbox"/> SCD Bio Ag |
| | <input type="checkbox"/> SCD Bio Klean |
| | <input type="checkbox"/> SCD Odor Away |
| Other | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |



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E. Quantities:

1. SCD Probiotics has sliding scale pricing. Based on quantities ordered, you will qualify for certain discounts. What are the anticipated volumes you will be purchasing? Explain how you anticipate ramping up your business in our products.

2. Will you be purchasing in pre-packaged bottles or gallons or do you prefer to buy in bulk, ie: totes, drums, or both?

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Authorization date: ____/____/20__
By: _____
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Comments: _____
