INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

Please complete and send or fax to the following address:

700 Industrial Park Drive
Alabaster, Alabama 35007
Phone: 205-663-2494
Fax: 205-663-0756
Email: Roddie.Thurman@avantilipids.com
Web: www.avantilipids.com
INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

Confidentiality Notice:

All information provided herein is considered confidential and will not be shared by Avanti with any third party without written consent of an authorized representative of the applicant.

The following information must be provided in order to be considered as a distributor of Avanti Polar Lipids products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUTE A CONTRACT OR ANY OFFER FOR DISTRIBUTORSHIP. AVANTI RESERVES THE RIGHT TO ACCEPT OR REJECT DISTRIBUTOR APPLICATIONS AT ITS SOLE DISCRETION.

Prepared By:

Name ____________________________
Title ____________________________

I. COMPANY INFORMATION

Company Name: ____________________________
Type of Entity: ____________________________
Organized under the laws of: ____________________________
Street Address (include P.O. Box): ____________________________
City/State/Province: ____________________________
Postal Code/Country: ____________________________
Telephone No.: ( ) ____________________________
Country Code Main Number Extension ____________________________
Fax No.: ( ) ____________________________
Country Code Main Number Extension ____________________________
Website: ____________________________

Contact Information:

Name ____________________________
Title ____________________________
Telephone No.: ____________________________
Country Code Main Number Extension ____________________________
Email address: ____________________________
Please indicate below, your main type of business:

□ Manufacturer  □ Distributor  □ Other - describe below

II. ORGANIZATION

1) What year was your business established? ________________

2) In which countries, beside your own, do you wish to distribute Avanti products?

3) Is your company a division or subsidiary of another company? □ Yes  □ No
   If yes, please list the name and location of parent company and affiliates:

4) How many people does your company employ? _______________________

5) How many sales representatives are in your company? ___________________

6) Does your company sell through independent sales representatives, agents or distributors?
   □ Yes  □ No
   If “yes”, please provide a brief explanation: ________________________________

   ________________________________________________________________
7) Please provide us with your company’s sales (in USD) for the following years:

2012 US $ ________________
2013 US $ ________________
2014 US $ ________________
2015 US $ ________________ (Projected)

8) List the names of the following principal executives:

- President/CEO: ____________________________
- Managing Director/General Manager: ____________________________
- Vice President/Manager – Sales: ____________________________
- Vice President/Manager – Marketing: ____________________________

III. SALES & MARKETING

1) How many sales representatives will be selling our products?

Country/Territory: _______________ No. of Sales Representatives: _____
Country/Territory: _______________ No. of Sales Representatives: _____
Country/Territory: _______________ No. of Sales Representatives: _____
Country/Territory: _______________ No. of Sales Representatives: _____
Country/Territory: _______________ No. of Sales Representatives: _____

2) Are these sales representatives experienced in life science-based reagents sales? ☐ Yes ☐ No

3) Will you hire or appoint a marketing manager for our products? ☐ Yes ☐ No
If No, please explain: __________________________________________

4) What life science-based reagents manufacturers and products do you currently represent?

________________________________________

________________________________________
5) What life science-based reagents category (or categories) does your company specialize?
__________________________________________
__________________________________________

6) How do you promotionally support your product lines in general?

Advertise Promotions
□ Trade Shows □ Direct-mailings
□ Trade Magazines □ Other: ________________________
□ Newsletter
□ Other: ________________________

7) Number of Accounts and Distribution channels

Total No. Accounts: ___________ Total No. Distribution Channels: ___________

8) What markets do you focus on?

□ Universities/research institutes □ Pharmaceutical company’s □ Diagnostic company’s
□ CMO/CRO ___________ □ Other: ________________________

9) Do you currently purchase Avanti products?

□ Yes □ No

If yes: □ Directly from Avanti

□ From Distributor (Please identify): ________________________

10) What are the specific Tariff rates/Import duties on life science based reagents for each country/territory in which you wish to distribute Avanti products?

__________________________________________

__________________________________________

__________________________________________

11) Does VAT apply in any country/territory in which you wish to distribute Avanti Products?

□ Yes □ No

If yes, do you have a VAT Number? □ Yes □ No
IV. PRODUCT INFORMATION

Specific types of products you are interested in distributing. Check all that apply:

☐ Entire Catalog  ☐ Research Products  ☐ GMP Products  ☐ Analytical Services
☐ Formulations  ☐ Lipidomics  ☐ Equipment  ☐ Custom Services

Comments

Are there any products you are prohibited/restricted from selling in any country/territory in which you are interested in distributing Avanti products?  ☐ Yes  ☐ No
If yes, please explain:

V. SALES PROJECTIONS

Please complete the table below for projections for all of the markets in which you wish to distribute Avanti products.

<table>
<thead>
<tr>
<th>Sales Projection</th>
<th>1st Year of Sales</th>
<th>2nd Year of Sales</th>
<th>3rd Year of Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated No. of Customers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated No. of Orders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Sales (USD)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. REFERENCES

1) BANK REFERENCE:

Name of your Bank: __________________________________________________________
Address ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Telephone No.: __________________________________________________________
Fax No.: ________________________________________________________________
2) COMMERCIAL REFERENCES
(USA if available, otherwise, please provide us with at least 2 international references):

Business Name: ________________________________
Address: ______________________________________
Contact Name: _________________________________
Contact Telephone No.: _________________________

Business Name: ________________________________
Address: ______________________________________
Contact Name: _________________________________
Contact Telephone No.: _________________________

Business Name: ________________________________
Address: ______________________________________
Contact Name: _________________________________
Contact Telephone No.: _________________________

VII. ORDER LOGISTICS
Import Destination (list for each country/territory in which you wish to distribute Avanti Products):

Country/Territory: _______________________ Airports: _____________________
Country/Territory: _______________________ Airports: _____________________
Country/Territory: _______________________ Airports: _____________________
Country/Territory: _______________________ Airports: _____________________
Country/Territory: _______________________ Airports: _____________________
Country/Territory: _______________________ Airports: _____________________
**PAYMENT:** Who is responsible for payment?

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Contact Telephone No.:</td>
</tr>
<tr>
<td>Contact Fax No.:</td>
</tr>
<tr>
<td>Contact Email Address:</td>
</tr>
</tbody>
</table>

**SHIP-TO:** Please provide the exact ship-to address for orders

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Contact Telephone No.:</td>
</tr>
<tr>
<td>Contact Fax No.:</td>
</tr>
<tr>
<td>Contact Email Address:</td>
</tr>
</tbody>
</table>

**INSURANCE:** Is a Certificate of Insurance required with each shipment?

| Yes ☐ No ☐ |

**INSPECTION:** Is SGS inspection (or other) required?

| Yes ☐ No ☐ |

**Freight Forwarder:** Please specify if there is a particular freight forwarder that you prefer, use presently or that you have worked with in the past.

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
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<tr>
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</tr>
<tr>
<td>Contact Fax No.:</td>
</tr>
<tr>
<td>Contact Email Address:</td>
</tr>
</tbody>
</table>
**DOCUMENTS:** Please indicate which documents are required with each shipment

- □ Commercial Invoice (How many copies?) _____
- □ Airway Bill  □ Certificate of Origin  □ Certificate of Analysis
- □ Other ____________________________

**IMPORT RESTRICTIONS:** Please indicate whether any of the countries or territories have restrictions:

- □ Animal derived reagents
- □ Dry Ice
- □ Dangerous Goods
- □ Other (list): ________________________________

Comments: ________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**SHIPPING CAPABILITIES:** Please indicate whether you are able to ship dangerous goods on dry ice to your customers:

- □ Able to ship dangerous goods to consignees
- □ Able to ship Dry Ice
- □ If unable to ship Dry Ice explain how you ship products at the required temperatures:

Comments: ________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE:**

- Any required authorization to import into each country or territory in which you wish to distribute Avanti products.
- Summary of Sales/Marketing growth strategy
- List of all countries where you are requesting distribution rights.
- A corporate brochure from your company, if available
- Current examples of marketing materials (flyers, brochures, advertising copy, etc.)

Feel free to include any other information which demonstrates your qualification to act as an Avanti distributor.
Thank you for taking the time to complete this Questionnaire. It is important to Avanti to ensure that our distributors are knowledgeable of the market, experienced in sales and marketing, and have financial security to properly act as our representative in their territory(ies).

We will thoroughly review this questionnaire and contact you as soon as possible. Please do not hesitate to contact us if you have any questions or comments.

Your interest in becoming a distributor for our products is greatly appreciated.

--------See cover page for instructions for returning this Questionnaire to us.---------