

National Mail Order Association, LLC (NMOA)

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Product Evaluation form for NMOA Manufacturer's Representation
Please fill out as completely as possible.

Product Name: _____

Manufacturer: _____ Manufacturer's Item #: _____

Mailing Address: _____

City, State, Zip: _____ Country of Mfg. _____

Contact Name: _____

Contact Phone: _____ Fax: _____ Email: _____

Website: _____

Are exclusive marketing rights to direct marketing companies available for representative? ____ Yes ____ No

Product Boxed Dimensions: _____ Weight: _____

Type of packaging: _____

Is the packaging suitable for shipping? _____

Are professional grade pictures available in digital format for this product? ____ Yes ____ No

Do you have a patent? ____ Yes ____ No, | Does the product have liability Insurance: ____ Yes, No ____

Any Trademarks, if so list: _____

In business since: _____ Other products sold: _____

Is your product currently in production? _____ If so, approximate current inventory: _____

What is your production capacity? _____ Per: _____

Any limitations on amount of product you can supply? _____

Lead time for additional shipments: _____

Your F. O. B. point (where you ship from): _____

Product Warranty: _____ (attach copy)

Warranty Service By: _____

Wholesale Price per unit: \$ _____ Suggested Retail Price, if one: \$ _____ Minimum Order: _____

Do you offer discounts for large orders? ____ Yes ____ No

If yes, what are your price breaks by quantity?

Quantity 1 _____ Price _____

Quantity 2 _____ Price _____

Quantity 3 _____ Price _____

If you ship in very large quantities, how many units per container?

Units: _____ Price: _____

What are your payment terms? _____ Currency: _____

Will you offer guaranteed sales? _____

Is Drop Shipping Available? ___ Yes ___ No Is there an extra fee for drop shipping? \$ _____

Average Single Unit Shipping Cost: \$ _____

Time to Ship upon receipt of PO? ___ 24 ___ 48 ___ 72 hours.

Will you furnish and ship, at no charge, samples for prospective buyers? _____

What is your return policy? _____

Who pays freight on returns? _____

Do returns require ARM (Authorized Return of Merchandise) forms and pre approval? _____

Will you export? _____

MARKETING QUESTIONS: The following questions need to be answered as best as possible about your. Use extra paper if need, or attached any pre-done materials with the answers. Thank you.

1. Describe the product in detail including size, appearance, features, components, use, etc.

2. What is the single most unique feature about your product?

3. List other important product features:

4. Describe the reason or situation that occurred that encouraged you to come up with your idea. (Examples would be a situation at work or at home, or while doing an activity like watching children or going on a backpacking trip.)

5. Explain what market research you've done to date, if any:

6. What were the results of your market research?

7. List competitive products:

8. What makes your product better than or different from other products in its category?

9. List and describe the key benefits of why someone would want or need this product:

10. What type of person would be most interested in this product? (Age, Sex, Income, etc.)

11. How is the product used? (Where? When? How? Why?)

12. Additional information to convince customers to buy:

13. Any suggestions for our copy or photos?

If you have additional information, patents, pictures, flyers, unusual start-up / invention story, or other information please send it along with this product evaluation form.

Return by Mail, or e-mail. Contact info on page one.