

## Questionnaire for Prospective Natural Products Manufacturing Facility Clients

In order for us to work more effectively with you in our first meeting, we would like you to provide us with some information before you come:

1. Name(s): \_\_\_\_\_
2. Email(s): \_\_\_\_\_
3. Phone(s): \_\_\_\_\_
4. Name of your company:  
\_\_\_\_\_
5. Short description of your product (s) or business ideas:
6. Who are your three biggest competitors?
  - a.
  - b.
  - c.
7. What are your competitive advantages?
  - a.
  - b.
  - c.
8. What Federal or State regulations does your product fall under?  
  
Dietary Supplement \_\_\_\_ Cosmetic \_\_\_\_ Not Sure \_\_\_\_?
9. Do you have a marketing plan available for review? Yes \_\_\_\_ No \_\_\_\_  
**(If yes, please attach to this questionnaire or bring in to your appointment)**
10. What percentage of your sales do you anticipate will be: internet \_\_\_\_, direct sales \_\_\_\_, wholesale \_\_\_\_, other \_\_\_\_\_, etc...)
11. Do you have a financial plan available for review? Yes \_\_\_\_ No \_\_\_\_  
**(If yes, please attach to this questionnaire or bring in to your appointment)**
12. What are the estimated start-up activities and associated costs for your venture? Please give details.
13. Will you be borrowing money to start up your venture, or using your own resources?
14. When do you plan on starting production? Where?