



## BOBSA SALON SPECIALIST Manufacturing Info Sheet

We appreciate your interest in the BOBSA Salon Specialist Program and look forward to the possibility of establishing a relationship that is beneficial for both our organizations. In order for us to get to know your company, please fill out the questionnaire. If you are uncomfortable about answering any of the questions please note the reason on that particular question and then answer the remaining questions. A valid e-mail address is required to submit your questionnaire electronically. Once your submission has been received, it will be reviewed and forwarded to the appropriate Category Manager. An appropriate category manager will respond to your completed questionnaire within one week. Samples should not be sent until requested by someone from the BOBSA Salon Specialist Program. After completing this form, please fax (858-712-1934) or email ([sam@bobsa.org](mailto:sam@bobsa.org)) it back to our office 650-488-4645

### Personal Information:

Company Name: \_\_\_\_\_  
Headquarter Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cellular #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
Cellular#: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Information

Years in Business \_\_\_\_\_ Years: \_\_\_\_\_

Is your company public or privately held \_\_\_\_\_

Please name the CEO, President, VP of Sales, and  
VP of Marketing for your company: \_\_\_\_\_

What is your product category? \_\_\_\_\_

How many SKU's \_\_\_\_\_

How many employees does your company have? \_\_\_\_\_

In what states, do you currently have distribution? \_\_\_\_\_

What is your best-selling item based on dollar sales? \_\_\_\_\_

Do you currently sell direct to consumers via the Internet? \_\_\_\_\_

If so, what is your Web site address? \_\_\_\_\_

Would you be willing to link to Bobsaone.com from your website as a WHERE TO BUY link? \_\_\_\_\_

Do any of your products require regulator approval? \_\_\_\_\_

If so, have you obtained all required approvals? \_\_\_\_\_

What industry standards does your production facility adhere to? \_\_\_\_\_

Do you own your own manufacturing facilities? \_\_\_\_\_

From what source did you learn about our business? \_\_\_\_\_

**This is a confidential evaluation profile, not a contract, and does not bind either party**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**BOBSA MARKETING GROUP, LLC**  
**P.O Box 281915, San Francisco, CA 94128**  
**(650) 488-4645 Email: sam@bobsa.org**