**BUYER APPLICATION FORM**

**COSMOFARMA 2020 BOLOGNA, ITALY**

1. **COMPANY AND BUYER DETAILS**

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| COMPANY NAME |  |
| ADDRESS |  |
| CITY, COUNTRY |  |
| WEBSITE |  |
| CONTACT PERSON |  |
| JOB TITLE |  |
| DATE AND PLACE OF BIRTH |  |
| PHONE |  |
| MOBILE |  |
| E-MAIL |  |
| SPOKEN LANGUAGES |  |

**2. COMPANY STRUCTURE**

**BUSINESS SECTOR**

Health Care and Parapharmaceutical Nutrition & Dieting Organic / Natural Skincare

Furniture for the pharmacy shops Other

**COMPANY ACTIVITY**

Pharmacy owner / Drugstore chain owner Importer / Distributor / Wholesaler Agent

Full service distribution with stores Open line distribution with stores Laboratory

Distribution without stores (E-commerce) Supplier of public health care system Manufacturer

Other

**3. COMPANY BACKGROUND INFORMATION**

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| --- | --- |
| YEAR OF ESTABLISHMENT: | NUMBER OF EMPLOYEES: |
| ANNUAL SALES & IMPORT TURNOVER (EURO)  2018:  2019: | EXPORT FIGURES (%)  2018:  2019: |

**COUNTRIES OF EXPORT**

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**COUNTRIES OF IMPORT**

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**4. DISTRIBUTION**

**Are you a sole agent of any brand?** Yes No

If Yes, please specify

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**How many brands are you distributing?**

**Please list the 3 most representative brands you are distributing**

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**5. INFORMATION ABOUT THE ITALIAN MARKET**

**Have you ever done business in Italy?**  Yes No

**If “Yes”:** When? With which companies?

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**What is your actual interest in Italy?**

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**6. PRODUCT CATEGORIES**

**Please identify all the product categories you are interested in**

Parapharmaceutical and Health Care (sanitary towels, foot-care products, dental products)

Natural Products, Nutrition and Dieting (nutraceutical products, essential oils, products for personal hygiene)

Skincare and Cosmetic (make-up products, essential oils, products for personal hygiene)

Services for the Pharmacy (furniture, interior design, barcode scanners and terminals, merchandising signs)

Other

**Please specify which kind of products you are looking for**

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**7. ADDITIONAL INFORMATION**

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