



DISTRIBUTOR OPPORTUNITY ENQUIRY

for prospective fuelXtend distributors

This request for information is intended to provide the basis for more efficient and productive discussions. The information will facilitate all parties working together to develop highly profitable outcomes. All information provided will be held in confidence and may not be used for any other purpose.

Please complete the following information about your company:

Save the completed form and email to info@fuelxtend.com or fax to 612 8968 - 9313

Your Company Details

Company Name (full legal name) _____

Telephone _____ Time to call (Customer local time) _____ Fax _____

Web Address _____

Primary Contact

Full Name _____ Title _____

Email _____ Cell (optional) _____

Secondary Contact

Full Name _____ Title _____

Email _____ Cell (optional) _____

Address (Mailing Address: Include country and postal code.)

Shipping Address for Products (Mailing Address: Include country and postal code.)

More About Your Company (Territory : Geographical Region)

Areas where you currently conduct business, including the country, regions, cities, etc.

Country where you would plan an initial product introduction (launch)?

...continued.

USA International/worldwide The following countries _____

Background Information

Products and Brands that you currently distribute _____

Do you have experience in the automotive industry? Please explain and identify specific products, brands and services: _____

Are there other brands of tablet additives on the market in your area? Yes No

If yes, which ones? _____

Do you have prior experience with fuel additives in any form? Yes No

Do you currently import products from the US? Yes No

What company handles your shipping requirements? My company My supplier (vendor)

From what other countries do you currently import? _____

Where did you hear about fuelXtend ? _____

Distribution Channels

What are your most productive distribution channels?

- | | |
|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Major/National retail stores | <input type="checkbox"/> Wholesale distributors or jobbers |
| <input type="checkbox"/> Local retail stores | <input type="checkbox"/> Our company-owned retail stores |
| <input type="checkbox"/> Gas (petrol)/service stations | <input type="checkbox"/> Government or military |
| <input type="checkbox"/> Direct marketing via radio or TV | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Network or multilevel (MLM) | <input type="checkbox"/> Other |

Current Market Conditions

Describe the general quality of fuel available in your markets?

Are there any unique characteristics of the fuel in your country? (i.e. ethenol blends or high alcohol contents?) _____

How many grades of fuel are typically offered at the gas stations, and what is the octane rating each?

Specify Octane ratings in your markets: RON (Research Octane Number – typical for most countries other than the U.S.), MON (Motor Octane Number) or RON + MON/2 (typical for U.S.). Which rating applies to your intended market?

- RON MON RON+MON/2

Are environmental issues such as global warming relevant in your market? _____

Are there special marketing issues that are vital in your market? _____

Are there a high percentage of diesel cars in your market? Yes No

Additional Information

Please include any other information that you feel may be relevant or any questions you may have.

Submitted by Typed name and title Date _____

This is a preliminary exchange of information only. It does not imply or create any obligation on either party to conduct business together.