



DonDebelak.com

*Help for Small Business
Entrepreneurs, Inventors and anyone
with an Idea.*

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Product Evaluation Form For Catalog Marketing Program

Product Name: _____

Product Boxed Dimensions: _____ Weight: _____

Type of packaging: _____

Is the packaging suitable for shipping? _____

Does the product need or have liability Insurance: Has Insurance____ Does Not Have Insurance_____

Are professional grade pictures available in digital format for this product? ____Yes ____No

Do you have a patent? ____ Yes ____ No

Any Trademarks, if so list: _____

In business since: _____ Other products sold: _____

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

Manufacturer: _____

Manufacturer's Item #: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____ Fax: _____ Email: _____

Lead time for additional shipments: _____

Any limitations on amount of product you can supply? _____

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

If your product is not currently in production:

Has a manufacturer made a pre-production run or prototype? _____

Product Warranty: _____ (attach copy)

Warranty Service By: _____

Wholesale Price Per Unit to catalogs: \$ _____ Suggested Retail Price: \$ _____

Do you offer discounts for large orders? _____ If so, what are your prices by quantity?

Quantity 1 _____ Price _____

Quantity 2 _____ Price _____

Quantity 3 _____ Price _____

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

Will you offer guaranteed sales? _____

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? _____

MARKETING QUESTIONS

The following questions must be answered for your product to be considered. Use extra paper if needed to answer questions fully. 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 or other information please send it along with your Product Evaluation Form to:

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