

INQUIRY FORM

This form is designed to display information and to assist **Omega Lift International Inc.** in making an initial review of the business opportunity.

(Company Name)	(Street Address)	(P.O. Box)
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(City/Town)	(Province/State)	(Country/Zip Code)
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(Telephone No)	(Fax. No.)	(Telex/Cable)
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(Website)	(Email)
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1. Provide the following information on Original Equipment Manufacturer (OEM) lines represented currently:

Manufacturer	Agreement Expiration Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. What other equipment related business interest does the company have either as an operator or financial participant, such as leasing equipment, other repair outlets, etc... (if none, state "none")

Firm	Type of Business	Applicant Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List of current branch locations; please indicate if they are full or partial branches:

4. Provide a brief history of the applicant's business and previous equipment experience:

5. Please describe why your company is interested in Omega Lift Products:

6. Please indicate the interested territory, please list country and or state/province:

7. Please give an idea of market size of Class 4 / Class 5 or Rough Terrain forklifts in the above territory in the last 2 years:

8. Acknowledgements

The undersigned acknowledges and agrees:

1. That this form has been as a convenience
2. That receipt of this form by **Omega Lift International Inc.** shall be without obligation on its part.

This form has been filled by:

(Firm Name)

(Date)

(Signature)

(Name & Title)