

QUESTIONNAIRE

Company Name: _____

Address: _____

City: _____ **Province/State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____ **Website:** _____

How long in business under this name: _____ Annual Volume US \$ _____

Check one: Proprietorship Partnership Corporation

Owners:

Name _____ Phone: _____ E-mail: _____

Building: Size _____ Owned _____ Leased _____

Of Employees: _____ # Of Sales People: _____

Type of business: Contractor Distributor Sales Agency Manufacturer

Engineer/Architect Government Agency Other _____

Bank Name & Address: _____

Contact Name: _____ Phone: _____

If Distributor or Manufacturer, please list product lines:

List any Lines competitive with Gemite

Territory covered: _____

Completed by: _____ Date: _____

Name & Title

Fax to: **Marketing, Gemite Products Inc.**
Fax 905-672-6780. or e-mail: *sales@gemite.com*