



## PROSPECTIVE DISTRIBUTOR QUESTIONNAIRE

Please complete questionnaire as thoroughly as possible. Your answers to these questions help us to determine how we can best meet your needs and whether you can meet ours. Answering NO to any of these questions will not automatically disqualify you from becoming a distributor. Please contact sales and marketing at 1-800-843-3343, regarding questions on this form.

**Please fax completed form to (303) 799-9408.**

Company Profile			
Contact Name:		Position:	
Company Name:			
Business Address:		Suite/Unit Number:	
City:		State:	Zip:
Business Phone:		Toll-Free:	
Fax:		E-mail:	
Website:			
Do you offer online ordering: <input type="checkbox"/> Yes <input type="checkbox"/> No		Conditions:	
Branch Offices/Warehouses:			
Senior Executive:		Position/Title:	
Number of Sales People:		_____ Outside _____ Inside	
What states/regions/countries do you presently cover:			

**Mode of Operation:** (Please select from the following to help us better understand your business in regards to your distribution model)

Retail  Wholesale to Retail Distributors  Wholesale to Retail (Company Owned)  Wholesale to Industrial

Online Only  Other (please explain) \_\_\_\_\_

**Do you have warehousing capabilities?**  Yes  No

(If multiple, please list locations) \_\_\_\_\_

**Company Focus:** (Please indicate your primary business target(s) below. Check all that apply)

Pool and Spa  Paint Sundries  Masonry/Concrete  Food Processing  General Hardware  Marine Supply

Marine Maintenance  Mining/Industrial Supply  Government  Other (please explain) \_\_\_\_\_

**Primary Products of Interest:** (Check all that apply)

ACID Magic®  BOAT Magic®  Universal™ Suspension Fluid  Atomic 235™

ProSpray™ Family  Other (please explain) \_\_\_\_\_

**Does your staff hold any technical certifications or specific industry knowledge that would assist in the sale of our products?**  Yes  No

(If Yes, please explain) \_\_\_\_\_

**Do you own your own distribution transport?**  Yes  No

(If Yes, are you DOT/Hazmat compliant?)  Yes  No

**Do you participate in trade shows?**  Yes  No

(If Yes, would you feature Certol products?)  Yes  No

(Please list any trade shows you attend on an annual basis) \_\_\_\_\_

**How does your company advertise? In what ways and to what extent can Certol participate in your advertising programs?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you EDI Capable?**  Yes  No

(If Yes, which type of transactions do you support?)  850 Purchase Order (Send)  810 Invoice (Receive)

856 Advanced Shipping Notification (Receive)  997 Transaction Acknowledgement (Send and Receive)

Other \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(This document does NOT constitute an agreement between the applicant and Certol International, LLC as a representative of Certol products.)