



Distributor Assessment Form

Company and Contact Information

Company Name:		
Head Office Address:		
City:	State:	Postal /Zip Code
Country:	Website:	
Primary Contact:	Title:	
Telephone:	Mobile:	
Business Email:	Fax:	
Address(if different)		

Logistics, Operations and practices

Territory Covered (home&Satellite locations):	
Number of outside sales staff:	Number of inside sales/support staff:
Describe your inside support:	
Please comment your sales strategy:	
Primary markets:	
Please provide your company history (How long have you been in business?Who are the owners?How many employees do you have?What is your approximate sales volume?:	

Portfolio

Please identify products that would complement your portfolio as well as those against which you offer a competing product:		
complement	dump bodies	competing
	<input type="checkbox"/> landscape (MS)	<input type="checkbox"/>
	<input type="checkbox"/> Medium duty (SH)	<input type="checkbox"/>
	<input type="checkbox"/> Heavy Duty (SHD)	<input type="checkbox"/>
	<input type="checkbox"/> Salt Spreader	<input type="checkbox"/>
	<input type="checkbox"/> custom	<input type="checkbox"/>

Authorization

Name:	Please mail, fax or email your completed application to : Raphael Keith, 5291, chemin du lac , St Gabriel de Brandon,(Quebec) Canada J0K 2N0 Fax:(450) 835-7304 raphaelk@lanau-industries.com
Position:	
Signature:	
Date:	
(authorized Representative)	