

Questionnaire For Potential New Accounts

(If Approved, Trimark will require a \$750.00 net samples purchase of your choice. \$1000.00 less 25% for samples)

Name of Company | _____

Address | _____

City | _____ Province | _____ Postal Code | _____

Contact | _____

Voice Number | _____ Fax Number | _____

Nature of Business | Wholesale Distributor Other _____

Promotion Embroidery

Screen Printer Retail

Operate From | Warehouse Home Square Footage _____

Office Unit Retail Store

Years in Business | _____ Number of Employees | _____

PST Exempt | Yes # _____

No Pay Business Tax? Yes

No

How did you hear of Trimark? | _____

Have you purchased wearables before? | Yes From Whom? _____

No

Reason for Purchase | Retail Estimated Annual Volume | _____

Promotional Dollars \$ | _____

Team Sales

Is there a order pending? | _____

Sample Order | _____

Please send Questionnaire to your representative |

Sales Representative | _____ Fax | _____

For Office Use Only

Catalogue Sent | Yes No Date _____

Being forwarded Date | _____

Price List Sent | Yes No Date _____

Rep Code | _____

Credit App. Sent | Yes No Date _____

PST Form | Yes No Date _____

Credit App. Received | Yes No Date _____

PST Exempt Form Received | Yes No Date _____

