

# DISTRIBUTOR REPRESENTATIVE QUESTIONNAIRE



## COMPANY INFORMATION\*

Company Name: \_\_\_\_\_  
Year Company Was Established: \_\_\_\_\_  
Company Website: \_\_\_\_\_

## CONTACT INFORMATION\*

Dr.       Mr.       Mrs.       Ms.       Miss.  
Full Name: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## BUSINESS DETAILS\*

Type of Business (Inc., Partnership, Sole Proprietorship, etc.): \_\_\_\_\_  
Current Industries Served: \_\_\_\_\_  
\_\_\_\_\_  
Current Product Line(s) Represented: \_\_\_\_\_  
\_\_\_\_\_  
Current Sales Territory: \_\_\_\_\_

## LUBRICANT PRODUCTS\*

Does Your Company Sell Lubricants?       Yes       NO  
If Yes, Which Current Lubricant Product Line(s) Does it Represent? \_\_\_\_\_  
\_\_\_\_\_

## QUESTIONS/COMMENTS/FURTHER INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ Responses to fields marked "\*" are mandatory.
- ◆ For any questions regarding this form, please contact 1.905.475.9292 (ext 230) or email lubricants@chainguardlubricants.com.
- ◆ Please fax or email the above completed form to 1.905.475.3286 or lubricants@chainguardlubricants.com.