



Thank you for taking a few minutes to tell us about your business. Please FAX to: ++ 303-341-2995

Dealer/Distributor Marketing Profile

Date: _____

% of Sales to : Dealers _____(%) Printers/End Users _____(%)

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE, POSTAL: _____

COUNTRY: _____ TELE: _____ FAX: _____

Contact Name: _____ eMail: _____

Contact Name: _____ eMail: _____

Approx Turnover: _____ Year Started: _____ Number of Employee's: _____

PRIMARY MARKET FOCUS

- Commercial Printing
- Newspaper Printing
- Forms Printers
- Directory Printers
- Catalog & Magazine Printers
- Label & Specialty Printing
- Die-Cutters,
- Packaging Printers

PRODUCT FOCUS

- Pressroom Supplies
- Pre-Press Supplies
- Press & Finishing Equipment
- Pre-Press Equipment
- Paper & Related Supplies
- Consulting & Training
- Technical Service & Support
- Other _____

MARKETING STRATEGY

Approx Total Number of Customers _____ # of End Users: _____ # of Dealers: _____

Market Area(s) Covered: _____

Number of Sales Reps _____ Technical Service Reps: _____

Product Catalog Yes No Warehouse Inventories Stocks Yes No

Trade Advertising Yes No Location(s): _____

Will Purchase: Under-packing and other products Under-packing Only Other Only

Initial Stocking Order \$ _____ Estimated Monthly Purchases: \$ _____

Projected Annual Purchases \$ _____

Comments: _____
