



# Interested in becoming a SLIP MOUNT SYSTEM™ Distributor? *Customer Questionnaire*

For additional information and product samples, please complete the questionnaire and return it to Slip Mount System Inc. All information will be treated as confidential and used solely for the purpose of determining how we may best service you.

<b>CONTACT INFORMATION</b>	Company Name:	Mailing address:
	Contact Person:	
	Email:	Shipping address:
	President/CEO:	
	Office Ph:	
	Other Ph:	Website:

<b>COMPANY BACKGROUND</b>	Describe your company (check all that apply)	
	<input type="checkbox"/> Retail/Wholesale with Storefront. <input type="checkbox"/> Independent Contractor. <input type="checkbox"/> Sign Company. <input type="checkbox"/> Online/ Web based reseller	
	Number of years in business:	Number of shops or dealers:
	Number of sales personal:	Do you attend local trade shows? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a showroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require brochures? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PURCHASE HISTORY</b>	Have you purchased post sockets/ mounting adjusters from other manufactures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, from what manufacture or product name?	
	Were you satisfied with the product or quality of service you received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If No why?	
	What is your preferred payment method? (Check one)	
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bank Draft <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Other	
	Estimated Initial order qty's: <b>SLIP MOUNT</b> _____ <b>RAIL-LOCK</b> _____ <b>REDUCER INSERT</b> _____	
Do you prefer dock pick up or freight delivered? <input type="checkbox"/> Pick up. <input type="checkbox"/> Freight delivered (FOB).		

*Thank you for completing the questionnaire, please return to: Slip Mount System Inc. E-mail: [slipmount@gmail.com](mailto:slipmount@gmail.com)*

*Or mail to: Slip Mount System Inc. PO Box 19511, South Cranston RPO Calgary, Alberta T3M 0V4. Toll free Ph 1-877-294-4530*