



Interested in Becoming a Distributor or Dealer?

INTERNATIONAL
CUSTOMER
QUESTIONNAIRE

For additional information and product samples, please complete the questionnaire and return it to CPFilms. All information will be treated as confidential and used solely for the purpose of determining how we may best service your account. **This questionnaire may be completed on-line at www.llumar.com.**

CONTACT INFORMATION	Company Name:	Mailing Address:
	Contact Person:	
	Company President/CEO:	Shipping Address:
	Fax Number:	
	Phone Number:	
	E-mail Address:	Website:

COMPANY BACKGROUND	Describe Your Company (Check all that apply):				
	<input type="checkbox"/> Trading Company	<input type="checkbox"/> National Distributor	<input type="checkbox"/> Regional Distributor	<input type="checkbox"/> Dealer	<input type="checkbox"/> Installer
	<input type="checkbox"/> Glass Industry	<input type="checkbox"/> Auto Industry	<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other
	Number of Years in Window Film Business:		Number of Shops or Dealers:		
	Number of Employees:		Percent of Business Related to Window Film (%):		
	Trade Reference - Company Name:	Contact Person:	Fax Number:		
Bank Reference - Bank Name:	Account Number:	Fax Number:			

PURCHASING HISTORY	Have you purchased window film from other suppliers/manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, who supplied/manufactured the film?
	If yes, which products or part numbers did you purchase?
	Are you satisfied with the product, quality and 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"/> Letter of Credit <input type="checkbox"/> Wire Transfer in Advance <input type="checkbox"/> Bank Check

PURCHASE PLAN	Which products will you consider purchasing in the next 6 months? (Check all that apply):
	<input type="checkbox"/> Automotive Film <input type="checkbox"/> Building Film <input type="checkbox"/> Safety/Security Film <input type="checkbox"/> Decorative Film
	Would you like to receive complimentary film sample booklets? (Circle all that apply):
	<input type="checkbox"/> Automotive Film <input type="checkbox"/> Building Film <input type="checkbox"/> Safety/Security Film <input type="checkbox"/> Decorative Film
	Estimated annual purchase volume (in USD):
Estimated initial order (in USD):	
Do you have any additional specific interests?	

MARKETING ACTIVITIES	Where will you sell the film you purchase from CPFilms?
	Please indicate the estimated percentage of sales in each category:
	1) Other Sub Distributors _____ % 5) Glaziers _____ % 2) Auto Film Installers _____ % 6) No One (Install Film Directly) _____ % 3) Building Film Installers _____ % 7) Other: _____ % 4) Glass Companies _____ % 8) Other: _____ %
	How many salespeople are responsible for developing the window film business in your company?
	What other products does your company import?
	Will you sell our product using your own brand name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are your brand names?
	Will you create brochures to promote our products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what languages will you use?
	Will you advertise in newspapers, magazines, or on radio to promote our products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what media will you use?
	What is your annual advertising budget for your window film business (in USD)?



Thank you for completing this questionnaire. Please return it to:

CPFilms, Inc.
 International Division
 P.O. Box 5068
 Martinsville, VA 24115 USA

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 Fax: 1-276-627-3008
 www.llumar.com