

PROSPECTIVE SERVICE AGENCY QUESTIONNAIRE

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS (☐ CHECK IF SAME AS BILLING) _____

CITY _____ STATE _____ ZIP _____

OWNER _____

SERVICE MANAGER _____

PHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____

YEARS IN BUSINESS _____ NUMBER OF TECHNICIANS _____

TAX EXEMPTION NUMBER _____

PLEASE PROVIDE THREE (3) REFERENCES OF ACCOUNTS THAT YOU HAVE RECENTLY SERVICED.

1. Name of Account _____

Address _____

Contact Person _____

Telephone Number _____

2. Name of Account _____

Address _____

Contact Person _____

Telephone Number _____

3. Name of Account _____

Address _____

Contact Person _____

Telephone Number _____

SERVICE CALL RESPONSE TIME. WE REQUIRE A SERVICE CALL BE CARRIED OUT WITHIN 24 HOURS OF FOLLETT'S REQUEST FOR SERVICES.

WILL YOUR COMPANY MEET THIS COMMITMENT?

☐ YES ☐ NO

HOW ARE SERVICE CALLS ANSWERED?

☐ ANSWERING SERVICE ☐ ANSWERING MACHINE ☐ FULL TIME PERSON TO RECEIVE CALLS

TYPE OF SERVICE BUSINESS (CHECK ALL THAT APPLY)

☐ COMMERCIAL REFRIGERATION ☐ COMMERCIAL A/C ☐ COMMERCIAL HEATING

☐ SCIENTIFIC REFRIGERATION (HELMER, SANYO, THERMO FISHER, ETC.)

☐ ICE MAKERS ☐ FOODSERVICE EQUIPMENT

☐ OTHER (PLEASE LIST) _____

DOES YOUR COMPANY SERVICE SODA DISPENSING SYSTEMS?

☐ YES ☐ NO

DOES YOUR COMPANY INSTALL SODA SYSTEMS?

☐ YES ☐ NO

IF YES, PLEASE LIST _____

DOES YOUR COMPANY SELL EQUIPMENT?

☐ YES ☐ NO

IF YES, PLEASE LIST THE PRIMARY PRODUCTS _____

IF ICE MACHINES ARE ONE OF YOUR PRIMARY PRODUCTS, WHAT BRANDS DO YOU SELL? _____

WHAT TERRITORY WOULD YOU FEEL COMFORTABLE COVERING FOR
WARRANTY SERVICE (LIST COUNTIES OR COVERAGE RADIUS)? _____

PLEASE LIST BY CITY AND STATE ANY BRANCH OFFICES _____

SERVICE RATES:

MONDAY THROUGH FRIDAY BETWEEN 8:00 A.M. AND 5:00 P.M. _____/HR.

MONDAY THROUGH FRIDAY, AFTER 5:00 P.M. _____/HR.

SATURDAY, SUNDAY, AND HOLIDAYS _____/HR.

OUTSIDE _____ MILES OF YOUR OFFICE _____ CENTS PER MILE

COMPANY NAME

SIGNATURE

TITLE

DATE