



Prospective Service Vendor Questionnaire

 801 Church Lane, Easton, PA 18040

 877-612-5086 | www.follettice.com

Company Information

Company Name:

Billing Address:

City:

State:

Zip:

Shipping Address:

Phone:

Fax:

Email:

Website:

Number of Years in Business:

Number of Technicians (total):

Number of Technicians Available for Follett Equipment:

Service Manager Name:

Owner/Principal Contact:

Service Capability

1. Do you have experience servicing Follett equipment? Yes No

If yes, please describe:

2. Types of Services Offered (Check all that apply): Commercial Refrigeration Commercial A/C

Commercial Heating Scientific Refrigeration Ice makers Food Service Equipment

Other (Please List):

3. Are you willing to purchase and carry truck stock for Follett equipment? Yes No

If yes, do you have a dedicated parts area or vehicle setup? Yes No

4. Do you currently offer equipment installation services? Yes No

If yes, do you install: Ice Machines Medical Refrigerators/Freezers Other:

5. Are you an equipment dealer? Yes No

If yes, list equipment:

Territory and Coverage

Territory Covered (list counties/states or radius from office):

Do you have branch locations? If so, please list city/state:

Typical Response Time for Service Calls: <24 hours 24–48 hours Other:

After Hours On-Call Service Availability: Yes No

If yes, hours covered:

Communication and Support

1. How are service calls received and dispatched? Full-time dispatcher Answering Service
 Answering Machine Email/Text Alert System
2. Are you comfortable using online portals for dispatch and claim updates? Yes No
3. Preferred method of communication with Follett: Email Phone Portal
 Other:

References (Follett Preferred: Medical, Foodservice, Retail)

1. Company Name: | Contact: | Phone:
2. Company Name: | Contact: | Phone:
3. Company Name: | Contact: | Phone:

Service Rates

Hourly Rate:

Service Period:

Mon–Fri, AM to PM

Mon–Fri, after PM

Sat/Sun/Holidays:

Travel Charge (beyond base radius): \$ per mile

Submitted By:

Title:

Signature:

Date:

Return the completed form to techsupport@follettice.com with a current copy of your company's W-9.