

# CINTRONICS

Technology Sales Service Support

## CONTACT INFORMATION

DATE: \_\_\_/\_\_\_/\_\_\_

NAME		COMPANY NAME	
ADDRESS		CITY	
STATE		ZIP	
OFFICE PHONE	MOBILE PHONE	FAX	
EMAIL	WEBSITE		
FED. TAX/RESELLER ID	YEARS IN BUSINESS	NO. OF EMPLOYEES	
D & B # (IF AVAILABLE)	CONTRACTOR LICENSE #		

## PRODUCT & SERVICE INFORMATION

HOW MANY VIDEO SURVEILLANCE SYSTEMS DO YOU CURRENTLY INSTALL MONTHLY?  
\_\_\_\_\_

WHAT ARE YOUR IMMEDIATE PRODUCT REQUIREMENTS?  
 STANDALONE DVRS     PC-BASED DVRS     CAMERAS     COMPLETE SYSTEMS     OTHER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  
\_\_\_\_\_

HOW MANY SALES PEOPLE DO YOU HAVE?  
\_\_\_\_\_

WHAT IS YOUR CURRENT MAXIMUM INSTALLATION CAPACITY PER WEEK?  
\_\_\_\_\_

WHAT SUPPLIER(S) ARE YOU CURRENTLY USING?  
\_\_\_\_\_

WHAT BRAND SYSTEMS ARE YOU CURRENTLY USING?  
\_\_\_\_\_

DO YOU CURRENTLY GET ANY SALES TRAINING FROM YOUR SUPPLIERS?  
\_\_\_\_\_

ARE YOU CURRENTLY RECEIVING CO-OP BENEFITS FROM YOUR SUPPLIERS?  
\_\_\_\_\_