

DISTRIBUTOR QUALIFICATION SURVEY



Date: _____ Distributor Name: _____

Distributor Address: _____

Distributor Website: _____ Distributor Email: _____

1. When was your company established? _____
2. Personnel associations (number in each group).
Sales: _____ Warehouse: _____ Purchasing: _____
3. What is your staff turnover rate for the past 2 years? _____
4. What is the size of your warehouse or warehouse area? _____
5. What geographical area is covered by your company? _____
6. How many sales representatives cover the following Canadian areas?
Western: _____ Eastern: _____ Atlantic: _____
7. Is there a documented process for the following?

Receiving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counterfeit Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inspection Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nonconforming Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sales Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customer Complaints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selection of Manufacturer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Please provide a list of goods and services that you provide to your customers
9. Do you have a license/agreement with manufacturers you handle? Yes No
10. Do you provide technical services for product provided? Yes No
11. Is Weatherhaven permitted to contact the manufacturer directly To resolve technical issues? Yes No
12. Are Inspections at your facility prior to shipment permitted? Yes No

Distributor Representative

Distributor Position/Title

Weatherhaven Use Only

Distributor Approved: Yes No

Weatherhaven Quality

Weatherhaven Supply Chain