

50 Charles Lindbergh Blvd Suite 100 Uniondale NY 11553 516-227-1307 Fax: 516-227-1342

### Free Listing Form Product Source Guide 2013

Page: 1 - (R)

Please provide us with your current listing information. This form MUST be signed before it is returned. This will ensure your FREE listing in the PRODUCT SOURCE GUIDE 2013. ACT NOW!! This may be your last chance!! Please mail or FAX forms by August 17th!

CURRENT	INFORMATION
Company:	
Division:	
Address1:	
Address2:	
City:	
State:	
Zip:	Country:
Corporate Telephone:	
Fax:	
Toll Free:	
Email:	
Website Address:	
Mailing Contact:	

#### CORPORATE INFORMATION: Please provide your company's name, address and phone(s) exactly as you wish it to appear in the PRODUCT SOURCE GUIDE 2013. The mailing contact will be the person to receive this form for the next year's Product Source Guide.

## Use additional sheet(s) to report information if there is not enough room. PLEASE CLEARLY MARK THE APPROPRIATE RESPONSE.

1) Please check your company's Primary Function Status.

(

()	Associations	( ) Retail Grou	ıp
Ì Ì	Wholesaler/Distributor	Ì Sales Ager	nt .
()	Manufacturer	( ) Service	

# 2) Provide the name and title up to four (4) KEY EXECUTIVES in your company. (Names provided without titles will not be printed.) We will only list four.

	Exec1	Exec2	Exec3	Exec4
Name				
Title				
Phone				
Fax				

IMPERATIVE: This form MUST be signed and returned, even if	you have no changes.
) YES! Please contact me for advertising in the Product Source Guide.	PLEASE RETURN IMMEDIATELY!



50 Charles Lindbergh Blvd Suite 100 Uniondale NY 11553 516-227-1307 Fax: 516-227-1342

## Free Listing Form Product Source Guide 2013

Page: 2 - (R)

Please provide us with your current listing information. This form MUST be signed before it is returned. This will ensure your FREE listing in the PRODUCT SOURCE GUIDE 2013.

Information Resource

COVERING

ACT NOW!! This may be your last chance!! Please mail or FAX forms by August 17th!

3) Other information: Please provide us following information where applicable. PLEASE ONLY FILL OUT THIS PART IF YOU PLAN ON PURCHASING A LOGO/TRAFFIC STOPPER.

Sales Volume	
Most Recent Member Count	
Number of Stores	
Franchise Fee	
Number of Company Owned Stores	
Royalty Payment	
Monthly Fee	
Typical Start-up Costs	
Rebates	

4) Concept: Please explain your store's Concept. If you need more room, please use an additional sheet of paper.

5) Support Services Offered: Please provide information on your Support Services Offered. If you need more room, please use an additional sheet of paper.

IMPERATIVE: This form MUST be signed and returned, even if you have no changes.

( ) YES! Please contact me for advertising in the Product Source Guide.			PLEASE RETURN IMMEDIATELY!
Name	Title	Date	Signature