



Thank you for taking a few minutes to tell us about your business. Please FAX to: 303-341-2995

Distributor Marketing Profile

Date: _____

COMPANY: _____ **Contacts**
ADDRESS: _____ **Name:** _____ **Title:** _____
CITY: _____ **Name:** _____ **Title:** _____
STATE, ZIP: _____ **Name:** _____ **Title:** _____
COUNTRY: _____
TELE: _____ **FAX:** _____
Email: _____

PRIMARY MARKET FOCUS

- Commercial Printing
- Newspaper Printing
- Forms Printers
- Directory Printers
- Letterpress Printers
- Catalog & Magazine Printers
- Label & Specialty Printing
- Die-Cutters,
- Folding Carton & Box Printers
- Other _____

PRIMARY PRODUCT FOCUS

- Pressroom Supplies
- Pre-Press Supplies
- Press & Finishing Equipment
- Pre-Press Equipment
- Paper & Related Supplies
- Consulting & Training
- Technical Service & Support
- Other _____

MARKETING STRATEGY

Market Area(s) Covered: _____
 Field Sales Coverage (Total)
 This location 1-10 Reps 11-25 Reps 25+ Reps _____ Reps
 All locations 1-10 Reps 11-25 Reps 25+ Reps _____ Reps

Product Catalog Yes No Warehouse Inventories Yes No
 Trade Advertising Yes No Location(s): _____

Initial Stocking Order \$ _____
 Projected Annual Sales of Sunshine Packing Paper: _____

Comments: _____