

New Dealer Application

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Contact Name: _____

Owner Name: _____

How long have you been in business? _____

What geography do you cover? _____

What percent of your business is?

- _____ Residential Replacement
- _____ Residential New Construction
- _____ Commercial
- _____ Service
- _____ Other (plumbing, electrical, etc) _____

How many employees do you have?

- _____ Service Techs
- _____ Installers
- _____ Sales
- _____ Office

What type of advertising do you do?

- _____ Yellow Pages
- _____ Newspaper
- _____ Television
- _____ Billboards
- _____ Direct Mail
- _____ Radio

What percent of your jobs do you offer extended warranties? _____

What percentage of your jobs are sold 13 SEER or above? _____

What percentage of your jobs are sold utilizing R410a? _____

What brands do you currently offer & why? _____

How long have you been handling your present brands? _____

Have you ever sold Trane? _____

Approximately how many systems do you install in a year? _____

What are the top 3 things your current supplier does that keep you coming back?

1. _____

2. _____

3. _____

How would you rate your current distributor on the following?

	Poor			Great	
	1	2	3	4	5
Product Availability					
Product Delivery					
Tech Support					
Technical Training					
Business Training					
Advertising					

Would you like a local Trane Territory Manager to contact you? _____