



TLC Sales Representative and Distributor Questionnaire

Name: _____ Date: _____

Address: _____

Principal Contact: _____

Tel. No.: _____

Fax No.: _____

Email: _____

Website: _____

Type of Business: (Describe what you do)

Sole Proprietorship _____ Partnership* _____ Corporation _____

*(List Partners _____)

Number of Years in business: _____

	<u>2004</u>	<u>2003</u>	<u>2002</u>
Business Sales: (000's)	_____	_____	_____

How did you learn about TLC? _____

What geographic area, industry segment or other you wish to sell TLC products in?

List companies you currently represent:

Send this by fax or email to:

Fax: Attn: Gina (612) 341-2799

Email: gina@tlcprecision.com