

Prospective Dealer Questionnaire



1712 Northgate Boulevard
Sarasota, FL 34243
P: 941.929.1630 | F: 941.355.6470
info@cruise-carinc.com
www.cruise-carinc.com

COMPANY INFORMATION

Full Legal Company Name: _____

Business Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Main Phone Number: _____

Web Site URL: _____

Number of store/office locations: _____

KEY CONTACTS

Primary Dealer Contact Name:

First: _____ Last: _____

Title: _____ Email: _____

Telephone: _____ Fax: _____

Secondary Contact Name:

First: _____ Last: _____

Title: _____ Email: _____

Telephone: _____ Fax: _____

Purchasing Contact Name:

First: _____ Last: _____

Title: _____ Email: _____

Telephone: _____ Fax: _____

Marketing Contact Name:

First: _____ Last: _____

Title: _____ Email: _____

Telephone: _____ Fax: _____

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COMPANY PROFILE

Year this company was established: _____

Total number of employees: _____

Technical Staff: _____ Business Development Staff: _____

Inside Sales Staff: _____ Marketing Staff: _____

Outside Sales Staff: _____ Parts & Service Staff: _____

REVENUE PROFILE

Company's gross annual income:

2005: \$ _____ 2006: \$ _____

Anticipated 2007: \$ _____

List approximate percentage of revenue:

Off Road (ATV's) _____% of total revenue	Pocket Bikes _____% of total revenue
High Performance _____% of total revenue	Utility Vehicles _____% of total revenue
Golf Carts _____% of total revenue	Services & Maintenance _____% of total revenue
Scooters _____% of total revenue	Go Karts _____% of total revenue
Other _____% of total revenue	Total should equal 100%

Do you maintain on-hand inventory of vehicles? Yes No

If yes, what is the average value of vehicle inventory? _____

Do you maintain on-hand inventory of Parts & Accessories? Yes No

MANUFACTURER/DISTRIBUTOR INFORMATION

Please indicate which manufacturers/distributors you currently have relationships with.

1. _____
2. _____
3. _____
4. _____
5. _____

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TARGET CUSTOMER

Please indicate what percentage of your revenue sales is derived to:

Golf Courses _____% Planned Communities _____%
Recreational User _____% Industrial User _____%
Government User _____% Other, specify _____%

Total should equal 100%

CUSTOMER SUPPORT

Does your organization provide technical support? Yes No

Do you have a dedicated customer service phone number? Yes No

If yes, specify phone number: _____

Do you have a dedicated customer service email address? Yes No

If yes, specify email address: _____

What are your hours of support Monday thru Saturday? _____

ADVERTISING

How does your company advertise? (Mark all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Catalog | <input type="checkbox"/> Television | <input type="checkbox"/> Internet (Banner Ads) |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Tradeshows |
| <input type="checkbox"/> National Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Do not advertise |
| <input type="checkbox"/> Other, specify: _____ | | |

INTERNET BUSINESS

Does your business resell products over the Internet? Yes No

Does your company conduct Internet auctions? Yes No

Is your website secure? Yes No

How many servers support your Internet business? _____

How many hits does your Internet site receive in one day? _____

What is your average Internet order (in dollars)? \$ _____

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ADDITIONAL INFORMATION ABOUT YOUR ORGANIZATION:

For Cruise Car, Inc. to gain a better understanding of your business we strongly encourage you to provide us with additional pertinent information about your organization. Please indicate other manufacturer authorizations/certifications your organization has: _____

Cruise Car will review this questionnaire to determine membership in the Authorized Cruise Car Dealer Program. Acceptance into the Program will be based on a variety of factors, including but not limited to current distribution needs, the Applicant's territory, infrastructure, target customers, customer service offerings, customer retention programs, and other Applicant programs and characteristics.

Application Completed By Prospective Dealer Representative:

Name: _____ Date: _____