

The Critical Thinking Co.

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www.criticalthinking.com

Choices (from Charts)

Discount _____

Dating _____

Shipping _____

DEALER QUESTIONNAIRE

Billing Address

Company _____

Street or PO Box _____

City _____ St _____ Zip _____

Phone _____

Web Site _____

State Resale (Tax) # _____

Shipping Address

Company _____

Street or PO Box _____

City _____ St _____ Zip _____

Fax _____

E-Mail _____

FIN _____

Product Buyer Contact

Name _____

Phone/Extension _____

Purchasing Contact (for order questions)

Name _____

Phone/Extension _____

Product Review Contact

Name _____

Phone/Extension _____

Accounts Payable Contact

Name _____

Phone/Extension _____

MARKETING INFORMATION

So that we may recommend the best products for your company, please indicate your market focus below.

Schools _____ Teachers _____ Homeschooling Parents _____ Parents _____ All of these _____

Books _____ Software _____ PreK-4 _____ Grades 5-8 _____ Grades 9-12 _____ Other _____

Do you focus on a specific curriculum area? If so, which one(s) _____

To which professional organizations do you belong? NSSEA _____ CBA _____ ABA _____

CATALOG INFORMATION

Do you use a catalog to market your product? Yes _____ No _____

If "Yes," do you: Produce your own? _____ Product Review dates _____ Quantity mailed _____

Use a stock catalog? _____ Which one? _____ Quantity mailed _____

STORE INFORMATION

Single-location Store? Yes _____ No _____ If multiple location proprietary, how many stores? _____

Chain Store? Yes _____ No _____ How many stores? _____ Central or Site ordering? _____

- **New Account Applications must be accompanied by a Credit Application**

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