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BUSINESS ACTIVITY (CHOOSE ONE):

Primary Secondary

- 03.** Carpet Cleaning Contractor
 04. Disaster Repair/Restoration Contractor
 02. Building Service Contractor
 01. Floor/Carpet Maintenance Contractor
 05. Commercial Cleaning Service Contractor
 07. Distributor
 09. Sales Agent/Rep Firm
 99. Other (please specify): _____

JOB FUNCTION (CHOOSE ONE):

- 01.** Corporate Management **04.** Sales
 02. General Management **99.** Other (please specify): _____
 03. Cleaning/Building Maintenance

NUMBER OF PEOPLE EMPLOYED (CHOOSE ONE):

- 04.** Over 50 **03.** 26 - 50 **02.** 11 - 25 **01.** 10 or Less

COMPANY'S ANNUAL SALES VOLUME (CHOOSE ONE):

- 05.** Over \$1,000,000 **02.** \$100,000 to \$249,999
 04. \$500,000 to \$1,000,000 **01.** Under \$100,000
 03. \$250,000 to \$499,999

NUMBER OF SERVICE VEHICLES (CHOOSE ONE):

- 03.** More than 6 **02.** 4 - 6 **01.** 1 - 3

DO YOU AUTHORIZE/SPECIFY PURCHASES FOR YOUR COMPANY?

- Yes No

Promo: KXAWCC