



3943-2 Baymeadows Road
 Jacksonville, FL 32217
 Ph (904) 737-2900
 Fx (904) 636-9881

Company Information

Company Name:		
Address:		
Mailing Address (if different from above)		
City:	State/Province	Zip/Postal Code:
Phone:	Fax:	
Email Address:	Website:	
Do you operate Branches? (Please complete Branch information form for each location)		

President/CEO:	Email Address:
Address:	
Vice President:	Email Address:
Address:	
Director of Purchasing:	Email Address:
Address:	

Check: () Corporation () Partnership () Proprietorship
In what year was the company started:
In what year was the company acquired by its' current owners:

- How many of the following people does your company employ?
 - Outside Salespeople
 - Inside/Counter Sales
 - Machinists and/or Mechanics
 - All Other
 - Total Employees

- How many of the above devote over 90% of their efforts to Heavy-Duty aftermarket parts and equipment?
 - Outside Salespeople
 - Inside/Counter Sales
 - Machinists and/or Mechanics
 - All Other
 - Grand Total

3. Does your company belong to other trade associations? Please list: _____

4. Does your company belong to a Marketing group? Please name: _____
5. Is your company set up as an O.E. Truck Dealership or engine franchise? Yes No
6. If yes, please name the Truck or Engine Manufacturer and Program _____
7. If yes, do you have new trucks on your property for sale? Yes No
8. Annual parts purchase volume:
- \$0 - \$1,000,000 \$1,000,000 - \$5,000,000 \$5,000,000 - \$15,000,000 \$15,000,000 - \$30,000,000
- \$30,000,000 - \$50,000,000 Over \$50,000,000
9. What is the estimated percentage of your aftermarket parts/equipment sales to the following groups?
- a) Sales direct to the truck owner or fleet (not including government agencies).....%
- b) Sales direct to government agencies%
- c) Sales to truck and/or trailer dealers%
- d) Sales to independent truck repair facilities including truck stops%
- e) Sales to other Distributors%
- f) All Others (please describe)%
10. Please indicate the Heavy Duty vehicle systems in which your company purchases directly from the manufacturer and name your top three primary suppliers:
- Air Brake Components – Primary Suppliers _____
- Accessory Items – Primary Suppliers _____
- Axles & Suspension – Primary Suppliers _____
- Chassis Steering Components – Primary Suppliers _____
- Driveline Components/Clutches – Primary Suppliers _____
- Engines and/or Engine Hard Parts – Primary Suppliers _____
- 5th Wheel/Landing Gear – Primary Suppliers _____
- Filters/Hose/Exhaust – Primary Suppliers _____
- Fluid Products (Oil, lubricants, etc.) – Primary Suppliers _____
- Foundation Brake Parts – Primary Suppliers _____
- Friction Materials – Primary Suppliers _____
- Lighting/Electrical – Primary Suppliers _____
- Seals/Bearings – Primary Suppliers _____
- Transmission/Differential – Primary Suppliers _____
- Wheels/Rims/Hubs/Drums – Primary Suppliers _____
- Other, please name _____ – Primary Suppliers _____
10. Please indicate the reason why you want to become a member of CVSN and what you expect to take away as a benefit.
- _____
- _____
- _____

Branch Information (Please duplicate form for additional locations)

Address:		
Mailing Address (if different from above)		
City:	State/Province	Zip/Postal Code:
Phone:	Fax:	
Contact	Email Address:	

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