



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:

1. How many of the following people does your company employ?
  - Outside Salespeople .....
  - Inside/Counter Sales .....
  - Machinists and/or Mechanics .....
  - All Other .....
  - Total Employees .....
  
2. 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 \_\_\_\_\_
- 5<sup>th</sup> 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)

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Phone:	Fax:	
Contact	Email Address:	

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