

# T.T.I. NEW MEMBER QUESTIONIER

PLEASE ANSWER EACH OF THE FOLLOWING COMPLETELY.  
ATTACH SEPARATE SHEET AS NECESSARY.



<b>A</b> COMPANY NAME:	
ADDRESS:	
	TELEPHONE:
	TELE FAX:
	ELECTRONIC ADDRESS:

SECONDARY FACILITY ADDRESS:	
	TELEPHONE:
	TELE FAX:
	ELECTRONIC ADDRESS:

<b>B</b> DOES COMPANY DO NON-TEXTURING BUSINESS?	
ANNUAL SALES (TEXTURING)?	OTHER ANNUAL SALES?

<b>C</b> TOTAL NUMBER OF EMPLOYEES?	
TECHNICAL EMPLOYEES?	SALES EMPLOYEES?
CLERICAL EMPLOYEES?	OFFICERS EMPLOYEES?

<b>D</b> IS COMPANY PRIVATELY OWNED?	
WHO ARE THE OWNERS?	WHO ARE THE OFFICERS?

<b>E</b> LIST YOUR 10 LARGEST CUSTOMERS FOR LAST THREE YEARS BY VOLUME OF TOOLS.	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
LIST YOUR 10 LARGEST CUSTOMERS FOR LAST THREE YEARS BY AMOUNT INVOICED.	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

<b>F</b> LIST YOUR THREE CHIEF COMPETITORS:		
1.	2.	3.

<b>G</b> ITEMIZED LIST OF YOUR COMPANIES EQUIPMENT:			
<b>COMPUTER</b>	<b>TECHNICAL</b>	<b>PRODUCTION</b>	<b>TRANSPORTATION</b>
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.
6.	6.	6.	6.
7.	7.	7.	7.
8.	8.	8.	8.
9.	9.	9.	9.
10.	10.	10.	10.