

MARKETING QUESTIONNAIRE

It is our desire to serve you in the best way possible. We feel the lenders are the heart of this program. Therefore, to insure that all your marketing information is properly listed and you always receive your shipments and documents on time, please take a few minutes to complete this questionnaire. It is important to our effort to have a contact at each lender to receive our brochure shipments, fax information and updates. The appointment of one person who can perform these tasks will expedite all of the work we do with you as a team. Thank you.

Name/Telephone Number/E-mail of Contact for your institution: _____

Name, Address, Telephone Number and Fax Number of Contact **locally** to receive all marketing materials, including brochures for distribution: (List Street Address for Courier Delivery. Attach a second page if multiple locations are involved.)

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Fax _____ E-mail _____

Name of Organization (As it will be listed in marketing materials)

Please list **the address** and **telephone number** to be listed on the website and marketing materials, (location where you wish mail and customers to contact). Because of limited space, we cannot list all branches of each lender. The telephone number should be the one you want customers to call.

Street Address _____

City/State/Zip _____

Telephone Number _____