

CUSTOMER REQUIREMENTS QUESTIONNAIRE

PRODUCT CATEGORY (check as many as apply) and Units (list number of units and check order frequency):

Knit Tops	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Knit Bottoms	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Woven Tops	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Woven Bottoms	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Performance Wear	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Over Wear	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Outer Wear	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Accessories	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Other	<input type="checkbox"/>	Units _____	Order frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>

(Please describe other:)

PACKAGING REQUIREMENTS (check as many as apply):

Main Label Care Label Hang Tag Support Tag Sticker Pre-Ticket Price Ticket Poly Bag
Inner Bag Other (please describe) _____

FULFILLMENT REQUIREMENTS (check as many as apply):

Embroidery Heat Seal/Transfer Patch Pre-Wash Inventory Support Drop Ship Air Ship
Container Ship Other (please describe) _____

MARKETS YOUR COMPANY SERVICES (check as many as apply):

Retail Wholesale Golf Uniform Corporate Military School Laundry Supply
Performance E-Commerce Other (please describe) _____

BUSINESS TYPE: Agent Importer Manufacturer Wholesaler Distributor Retailer

SHIPPING DESTINATION: _____

WOULD YOU PREFER PRICE QUOTE TO BE: FOB: LDP:

PRINCIPAL CONTACT INFORMATION: _____

BUYER CONTACT INFORMATION: _____

PRODUCT DEVELOPER/DESIGNER CONTACT INFORMATION: _____

OTHER REQUIREMENTS, QUESTIONS, COMMENTS: _____

PLEASE CONTACT ME:

Email _____ Phone _____

Mail _____

MANUFACTURES DIRECT APPAREL

When completed fax to: 1.818.509.0707 or e-mail to: info@manufacturesdirectapparel.com