

Chlorinators Incorporated  
1044 S.E. Dixie Cutoff Rd.  
Stuart, FL 34994

**POTENTIAL NEW REGAL DEALER**  
**Pre-Qualification Questionnaire**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN AS SOON AS POSSIBLE.**

1. Are you familiar with REGAL products and/or Chlorinators Incorporated?
2. Have you ever sold or handled another line of gas chlorinators?      Chemical metering equipment?
3. What is your primary business activity? (Sales, service, etc.)
4. How many outside salespeople do you employ? \_\_\_\_\_ Inside sales people? \_\_\_\_\_
5. What manufacturers and types of equipment do you handle or represent? (SEND LINE CARD.)
6. Are you a dealer/distributor or do you operate as a manufacturer's representative?
  - a. Do you stock equipment, parts, etc? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do you specialize in any particular markets? (Municipal, Industrial, Irrigation, Agriculture, Livestock, etc.)
8. Do you maintain a service department? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how many people? \_\_\_\_\_
9. How far do you travel in your business activities on a daily basis?
10. Are you ready to commit to a REGAL dealership at this time? If so, please provide credit references.
  - a. When would you like to meet with a REGAL Regional Sales Manager?

**PLEASE USE OTHER SIDE OF THIS FORM AS NECESSARY**

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Fax: 772-287-3238

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