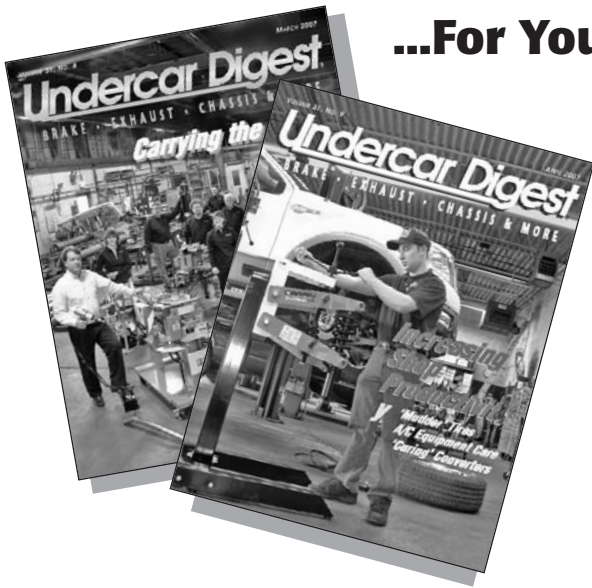


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PLEASE PRINT:

Your Name _____ Your Title _____

Business Name _____

Business Mailing Address _____

City _____ State _____ Zip Code _____

1. Which best describes your business?

- g Muffler Shop
- h Brake/Front End Shop
- j Tire Store
- k General Repair Shop
- m Dealer Svc Dept
- n Service Station
- l Fleet Shop
- Other(specify) _____

2. Which best describes your title?

- a Owner/Pres./CEO/Ptnr
- c Manager/GM
- e Sales/Service Manager
- b Technician/Mechanic
- h Other(specify) _____

3. Which of the following services do you currently provide?

- (all that apply)
- d Brakes-Rotor & Drum Resurfacing
- e ABS Diagnostics & Repair
- f CV Joint Replacement
- g Rack & Pinion Steering Replacement
- h Muffler & Pipe Installation
- i Strut, Shock, Coil Spring Installation
- j Wheel Alignment
- s Clutch Repair/Replacement
- t Automatic Transmission Replacement
- u Automatic Transmission Rebuilding

4. Which best describes your purchasing authority?

- (one, please)
- a Authorize/Approve
- b Recommend/Specify
- c No purchasing authority

5. What percentage of your total sales is derived from undercar related work:

- (one, please)
- k Less than 30%
- l 30% - 49%
- m 50% - 69%
- n More than 70%

6. How many technicians/mechanics are at this location?

Use specific number _____

7. How many service bays are at this location?

Use specific number _____

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