



Tool, Die & Machining Association of Wisconsin  
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## Prospective Group Buying Partner Questionnaire

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

### *About Your Company*

1. Main product/Service: \_\_\_\_\_
2. How large is your company? \_\_\_\_\_
3. Who are your competitors? \_\_\_\_\_
4. What geographical area do you serve? \_\_\_\_\_
5. What makes your company special? \_\_\_\_\_  
\_\_\_\_\_
6. What else should we know about your company? \_\_\_\_\_  
\_\_\_\_\_
7. Attached is a list of TDMAW members, please mark which ones are currently using your products and/or services.
8. Who referred you to us?  
Person: \_\_\_\_\_ Company: \_\_\_\_\_

### *The Triple Win -*

*More sales for our Partners*

*A better "deal" for our Members*

*A rebate to the Association for education, training, industry betterment*

9. What do you suggest we do to encourage your sales? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What special deal (pricing, terms, delivery) would our Members receive? Why would they drop their current Supplier in favor of your company? \_\_\_\_\_  
\_\_\_\_\_

11. Will Members have special ordering rules, use special codes, etc.? \_\_\_\_\_  
\_\_\_\_\_

12. What rebate or other benefit would the TDMAW receive? \_\_\_\_\_  
\_\_\_\_\_

13. How do you measure success with your customers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How should we measure your performance as a Partner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Attachments as needed are acceptable.*

Thank you for applying to Partner with the Tool, Die & Machining Association of Wisconsin.  
A representative will contact you within two weeks to discuss further.

**PLEASE COMPLETE THIS FORM AND FAX IT TO (262) 532-2430.**