



# Product Recommendation Application

- Please Fill Out This Form Legibly and in its Entirety -

Name of Company: \_\_\_\_\_

Name of President: \_\_\_\_\_

Primary Contract: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you currently sell real estate? No: \_\_\_\_ Yes: \_\_\_\_ Number of Years: \_\_\_\_

Do you hold a real estate license? No: \_\_\_\_ Yes: \_\_\_\_ Number of Years: \_\_\_\_

Are you a member of the Council? No: \_\_\_\_ Yes: \_\_\_\_ Number of Years: \_\_\_\_

The Council of Residential Specialists does not allow vendors (defined as anyone holding a proprietary interest in the product listed to sit on the Council's Product Review Panel or Product Review Committee). For our records, please list those individuals holding a proprietary interest in the product listed below:

\_\_\_\_\_  
\_\_\_\_\_

## Type of Product:

- ✚ Audio Tape(s): \_\_\_\_ Number in Package: \_\_\_\_
- ✚ Audio Tape(s) with Workbook: \_\_\_\_ Number of Tapes in Package: \_\_\_\_
- ✚ VHS Tape(s): \_\_\_\_ Number in Package: \_\_\_\_
- ✚ DVD(s): \_\_\_\_ Number in Package: \_\_\_\_
- ✚ Online Service: \_\_\_\_
- ✚ Software Program: \_\_\_\_
- ✚ Publication: \_\_\_\_
- ✚ Other: \_\_\_\_\_

**Title of Product:** (Include title of Individual Parts if Appropriate)

\_\_\_\_\_  
\_\_\_\_\_

## Product Information:

Who Developed This Product? \_\_\_\_\_

Who Owns Copyright of This Product? \_\_\_\_\_

Date of First Production: \_\_\_\_\_

Level of expertise towards which this product is geared:

**Beginner** (0-2 Years): \_\_\_\_ **Intermediate** (3-5 Years): \_\_\_\_ **Advanced** (5+ Years): \_\_\_\_

Are You Aware of Competitive Products Currently in the Marketplace? Yes: \_\_\_\_ No: \_\_\_\_

If so, please list and compare the products: (Please attach additional information if necessary):

Product Name: \_\_\_\_\_ Produced By: \_\_\_\_\_

Cost: \_\_\_\_\_ Comparison with Submission: \_\_\_\_\_

Product Name: \_\_\_\_\_ Produced By: \_\_\_\_\_

Cost: \_\_\_\_\_ Comparison with Submission: \_\_\_\_\_

What are the various prices for which you currently sell your product and to whom are these prices offered?

Buyer: \_\_\_\_\_ Price: \_\_\_\_\_ Buyer: \_\_\_\_\_ Price: \_\_\_\_\_

Buyer: \_\_\_\_\_ Price: \_\_\_\_\_ Buyer: \_\_\_\_\_ Price: \_\_\_\_\_

At what price would you offer the program to Council members? \_\_\_\_\_

**Past Promotional Efforts:**

Description of direct mail piece: \_\_\_\_\_

List mailed to: \_\_\_\_\_ Number Mailed: \_\_\_\_\_ Date(s) Mailed: \_\_\_\_\_

List mailed to: \_\_\_\_\_ Number Mailed: \_\_\_\_\_ Date(s) Mailed: \_\_\_\_\_

List mailed to: \_\_\_\_\_ Number Mailed: \_\_\_\_\_ Date(s) Mailed: \_\_\_\_\_

Description of Advertising (List publications, dates, etc):

**Sales History:**

Year: \_\_\_\_\_ Number of Units Sold: \_\_\_\_\_ Price per Unit: \_\_\_\_\_

Year: \_\_\_\_\_ Number of Units Sold: \_\_\_\_\_ Price per Unit: \_\_\_\_\_

Year: \_\_\_\_\_ Number of Units Sold: \_\_\_\_\_ Price per Unit: \_\_\_\_\_

What discounts do/did you offer? \_\_\_\_\_

Where and who else markets your product?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What is the guaranteed turnaround time from order date to product shipment? \_\_\_\_\_

Do you have a money-back guarantee policy in place? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please describe: \_\_\_\_\_

List vendors used for production (printer, recording studio, packaging, etc.):

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Referrals:** List any testimonials and/or recommendations that you have received on this product. Please attach copies of written reviews if available.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 2: Online Services and Software Programs Only

Primary Application of the Program/Service:

\_\_\_\_\_  
\_\_\_\_\_

Secondary Application of the Program/Service:

\_\_\_\_\_  
\_\_\_\_\_

Who is the intended audience of the program/service?

\_\_\_\_\_  
\_\_\_\_\_

What operating service does the program/service use?

\_\_\_\_\_  
\_\_\_\_\_

Number of Installs Allowed: \_\_\_\_\_

What is the installation setup procedure and approximate installation time?

\_\_\_\_\_  
\_\_\_\_\_

What is the availability of support personnel?

\_\_\_\_\_  
\_\_\_\_\_

What type of support is included in the purchase price? (Please list any help lines and hours of operation)

\_\_\_\_\_  
\_\_\_\_\_

Are downloadable fixes available? If yes, then please list:

\_\_\_\_\_  
\_\_\_\_\_

How long has this program/service been on the market? \_\_\_\_\_

### Section 3: Online Services Only

List any special conditions the service might need to operate:

\_\_\_\_\_  
\_\_\_\_\_

## Section 4: Software Programs Only

Do you provide a printed manual? Yes: \_\_\_\_ No: \_\_\_\_

List computers on which your software runs:

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What is the minimum RAM (random access memory) required? \_\_\_\_\_

What brands and models of printers work with your program?

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How much memory is required to store your program? \_\_\_\_\_

List any additional software and/or hardware required to operate your software:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you!** Committee members will review your application and make a decision regarding the product's benefit to Council members and suitability to the goals and objectives of the Council of Residential Specialists.

Please send your completed application, seven (7) copies of the product to be reviewed, seven (7) samples of your promotional materials and/or advertising (if applicable), and a non-refundable application fee of \$1,500 to:

CRS Product Recommendation Application  
Attn: Stephanie Crain  
Council of Residential Specialists  
430 N Michigan Avenue # 3  
Chicago, IL. 60611

### Don't Forget...



Please remember to send the following to the address below:

- o Your completed application
- o Seven (7) copies of the product to be reviewed
- o Seven (7) samples of your promotional materials and/or advertising (if applicable)
- o A non-refundable application fee of \$1,500

### Have any questions?



Stephanie Crain  
Council of Residential Specialists  
430 N. Michigan Avenue # 3  
Chicago, IL. 60611  
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