



# 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:

- CD(s): \_\_\_\_\_ Number in Package: \_\_\_\_\_
- CD(s) with Workbook: \_\_\_\_\_ Number of CDs 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:

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*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: \_\_\_\_\_

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  
scrain@crs.com

**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 approximately eight weeks after receiving a complete application packet.