



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:

Section 4: Software Programs Only

Do you provide a printed manual? Yes: ____ No: ____

List computers on which your software runs:

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

What brands and models of printers work with your program?

How much memory is required to store your program? _____

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

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.