



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.