Dealer Profile

- Please complete and return by fax to: 905-791-2222 or by email to: info@concordelevator.com.
- A copy of your Certificate of Insurance with \$1,000,000 in liability coverage must also be provided.

Company Name:	
Telephone number(s):	
Fax Number(s):	
Address (Mailing):	
Address (Courier):	
Contact (title):	
Contact e-mail:	
Company Website:	

CONTACT INFORMATION

Which products you are interested in distributing:

V1504 Vertical Platform Lift
Multilift Screw Drive Platform Lift
ES-125 Stair Platform Lift
Step-Saver Stair Lift
B.07 Stair Stair Lift

Telecab Residential Elevator
Eclipse Residential Elevator
Infinity Residential Elevator
Orion LU/LA Elevator
Voyager Commercial Wheelchair Lift
P.A.L. Vertical Lift
Commander Automatic Door Opener

CURRENTLY DISTRIBUTED PRODUCTS:

PRODUCT TYPE	PRODUCT NAME	SALES IN THE PAST 12 MONTHS	SATISFACTION LEVEL

YOUR OPERATION:

Number of employees:	
Office space:	
Storage space:	
Territories covered:	
Sales figure (past 24 months if available):	

2/3

YOUR MARKETING PROGRAM INCLUDES:

Yellow Pages:	
Trade shows:	
Newspapers:	
Specialized Magazines:	
Television:	
Others:	

BUSINESS REFERENCES:

Customer 1:	
Customer 2:	
Customer 3:	
Supplier 1:	
Supplier 2:	
Supplier 3:	

Thank you for your interest in Savaria Concord Lifts Inc. We will be contacting you shortly