

## Business Tools Order Form

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dealer Principal: \_\_\_\_\_  
Principal E-mail: \_\_\_\_\_

**Primary Manufacturer:** *(check one)*

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Allsteel      | <input type="checkbox"/> Knoll        |
| <input type="checkbox"/> Haworth       | <input type="checkbox"/> Steelcase    |
| <input type="checkbox"/> Herman Miller | <input type="checkbox"/> Teknion      |
| <input type="checkbox"/> KI            | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Kimball       |                                       |

<b>Please Select Tool(s):</b>	
<input type="checkbox"/> <b>CUSTOMER SATISFACTION SURVEY ANNUAL SUBSCRIPTION</b> Includes initial design, set-up and monthly reporting	\$1,200
<input type="checkbox"/> <b>DEALER SELF ASSESSMENT WORKSHEET</b> Includes Survey, Report and Conference Call Review of Results (up to 2 hours)	\$1,200
<input type="checkbox"/> <b>HR SUPPORT CENTER ANNUAL SUBSCRIPTION</b> Includes HR On-Demand Live Help	\$ 750
<b>Total:</b>	\$ _____
<b>PAYMENT:</b>	
<input type="checkbox"/> Check enclosed, made payable to Solomon Coyle	
<input type="checkbox"/> Charge My:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number _____	
Exp. Date _____ Card Verification Code (CID, CW2, CVC2) _____	
Card Holder Name: _____	
Card Billing Address: _____	
Billing Zip/Postal Code: _____	
Signature _____	

SOLOMON COYLE, LLC

4913 Barbour Drive  
Alexandria, VA 22304-7708  
P 703 370 1901  
F 703 370 2770  
www.solomoncoyle.com

Please return this form with payment to Solomon Coyle, 4913 Barbour Dr. Alexandria, VA 22304 or fax to 703.370.2770. Questions? Call Sheri Winter at 703.370.1902. **Thank you!**