

LANDMARK DIRECT PRODUCT EVALUATION FORM

Please tell us as much about your product as possible. When evaluating a product for the DRTV Premier program, we use the following information in our decision making process. Also, please send any brochures, articles, studies, DVDs, etc. conducive to the product.

Company: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact Person: _____

E-Mail: _____

Product: _____

<p>Product Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Are you the manufacturer _____ Distributor _____ Inventor _____

How long has the product been manufactured: _____

Are there complimentary products/accessories to go with this item? _____
