



CUSTOMER QUESTIONNAIRE

PERSONAL DATA

Title:	First Name / Last Name:
Company / Organization:	
Position / Job:	
Address:	
ZIP Code / Town:	Country:
Telephone:	Fax:
Email:	

QUESTIONS

- How did you learn about IFEX Technologies and its systems / applications?
- Do you know what IFEX Impulse Fire Extinguishing Technology is? YES NO
- What is your involvement & experience with fire fighting in general?
- Are you a professional fire fighter or a private user?
- Have you ever watched a live demonstration of fire extinguishing using IFEX technologies? YES NO
- Have you watched our DVDs and / or other video material on our website and/or www.youtube.com for example? YES NO

QUESTIONS

7 Do you have any other fire extinguishing equipment(s)? YES NO

Please describe us your problem in order to suggest an effective fire fighting solution.

8 What category of fires are you usually fighting against?

9 Do you have your own (fire) vehicle(s)? YES NO

What kind of (fire) vehicle(s) do you have?

10 How soon are you planning to purchase a fire extinguishing system?

11 Are you able to buy directly or should you issue a public tender?

12 Do you have an estimated budget? YES NO