

SUBMISSION FORM

SWAROVSKI ELEMENTS



COMPANY INFORMATION

Company Name _____ Who will sign the contract? _____
Contact Name _____ Signatory Position _____
Address _____
Country _____
Phone _____ Fax _____
Email _____ Website _____

PRODUCT INFORMATION

PLEASE SELECT ALL YOUR PRODUCT LINES/TRADE AREAS (multiple choices)

TEXTILES:	<input type="checkbox"/> Bridal Wear <input type="checkbox"/> Fabric <input type="checkbox"/> Lingerie/Hosiery & Swimwear <input type="checkbox"/> Sports/Leisure Wear & Jeans	<input type="checkbox"/> Children & Junior Apparel <input type="checkbox"/> Haute Couture <input type="checkbox"/> Men Apparel <input type="checkbox"/> Traditional Wear	<input type="checkbox"/> Embroideries/Yarn <input type="checkbox"/> Ladies Apparel <input type="checkbox"/> Show Biz & Dance Sport <input type="checkbox"/> Fashion/Costume
JEWELLERY:	<input type="checkbox"/> Jewellery	<input type="checkbox"/> Fine Jewellery	
ACCESSORIES:	<input type="checkbox"/> Bags & Belts <input type="checkbox"/> Gloves & Scarves <input type="checkbox"/> Shoes	<input type="checkbox"/> Buttons <input type="checkbox"/> Hair Accessoires <input type="checkbox"/> Watches/Clocks	<input type="checkbox"/> Eyewear/Glasses <input type="checkbox"/> Hats & Headgear
INTERIOR / LIGHTING:	<input type="checkbox"/> Faucets <input type="checkbox"/> Bathroom Accessories <input type="checkbox"/> Home Textiles <input type="checkbox"/> Tiles	<input type="checkbox"/> Furniture & Architectural Interior <input type="checkbox"/> Lighting – Traditional <input type="checkbox"/> Lighting – Non Traditional	<input type="checkbox"/> Home Accessories <input type="checkbox"/> Wellness <input type="checkbox"/> Esoterism
OTHERS:	<input type="checkbox"/> Automobiles & Other Vehicles <input type="checkbox"/> Electronics <input type="checkbox"/> Merchandising/Packaging <input type="checkbox"/> Sports Goods	<input type="checkbox"/> Cosmetics/Body & Beauty Articles <input type="checkbox"/> Gifts <input type="checkbox"/> Paper/Stationery/Greeting Cards/ Books/Magazine/Newspaper	<input type="checkbox"/> DIY & Haberdashery <input type="checkbox"/> Toys <input type="checkbox"/> _____

TYPE OF BUSINESS (multiple choices):

<input type="checkbox"/> Agent/Middleman <input type="checkbox"/> Association/Institution <input type="checkbox"/> Importer & Exporter <input type="checkbox"/> Investor <input type="checkbox"/> Manufacturer of SFP: Solid Material <input type="checkbox"/> School <input type="checkbox"/> Wholesaler	<input type="checkbox"/> Application Centre <input type="checkbox"/> Craftsman <input type="checkbox"/> Internet <input type="checkbox"/> Manufacturer <input type="checkbox"/> Press & Media <input type="checkbox"/> Service Provider <input type="checkbox"/> VAR (Value-Added Reseller)	<input type="checkbox"/> Architect & Planner <input type="checkbox"/> Designer <input type="checkbox"/> Catalogue & Mail Order Firm <input type="checkbox"/> Manufacturer of SFP: Soft Material <input type="checkbox"/> Retailer & Department Store <input type="checkbox"/> Tailor/Bespoke Clothing <input type="checkbox"/> DIY & Haberdashery
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END CONSUMER TARGET GROUP (multiple choices)

<input type="checkbox"/> Children <input type="checkbox"/> Teenager <input type="checkbox"/> Architects & Designers	<input type="checkbox"/> Men <input type="checkbox"/> Women	<input type="checkbox"/> 18–29 <input type="checkbox"/> 30–44 <input type="checkbox"/> 45–59 <input type="checkbox"/> 60+
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POSITIONING (multiple choice)

<input type="checkbox"/> High Luxury <input type="checkbox"/> Volume Market Top Level	<input type="checkbox"/> Volume Market Medium Level <input type="checkbox"/> Volume Market Low Level
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MARKET INFORMATION

IN WHICH MARKETS ARE THE FINISHED PRODUCTS SOLD? (multiple choices)

<input type="checkbox"/> Europe <input type="checkbox"/> South America <input type="checkbox"/> Near Middle East	<input type="checkbox"/> Asia <input type="checkbox"/> Australia	<input type="checkbox"/> North America <input type="checkbox"/> Africa
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Key Customers: _____
Main Competitors: _____

DISTRIBUTION (multiple choices)

<input type="checkbox"/> Retail <input type="checkbox"/> Shops <input type="checkbox"/> Others _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Mail Order <input type="checkbox"/> Project Business	<input type="checkbox"/> Online Retailer <input type="checkbox"/> Home Shopping/TV
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If you do not buy SWAROVSKI ELEMENTS directly from Swarovski, who do you buy from? _____

INGREDIENT BRAND USE

DESCRIPTION OF THE FINISHED PRODUCTS/PRODUCT LINES Please send product samples to your contact person (Sales Office, Customer Service)

Under which brand are the products offered? _____

Which SWAROVSKI ELEMENTS do you use in the products? _____

Are the cut crystal elements combined with any other elements or materials? If yes, which ones? _____

IN WHICH COMMUNICATION MATERIALS ARE YOU PLANNING TO USE SWAROVSKI ELEMENTS?

<input type="checkbox"/> Brochures/Catalogues <input type="checkbox"/> Internet/Website <input type="checkbox"/> Show Cases/Shopping Windows <input type="checkbox"/> Others _____	<input type="checkbox"/> Print Advertising <input type="checkbox"/> Fairs/Events <input type="checkbox"/> Posters	<input type="checkbox"/> PR <input type="checkbox"/> Flags <input type="checkbox"/> Point of Sale
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LAYOUTS ARE CREATED inhouse by an external agency (which: _____)

Additional comments of interest: _____

Company Signature _____ Date _____

FOR INTERNAL USE

VG _____ Branding Version _____

Approval VG _____ Date _____

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Identification Number