



SENCO DuraSpin Case Study Questionnaire

(Get a free tool if your story is published on the web.)

About You

Name: _____

Current Position: _____

Years of Experience: _____

Phone Number: () — _____

Email Address: _____

About Your Company

Name of Your Company: _____

City/State: _____

How Long has the Company Been in Business: _____

Number of Employees in Your Company: _____

Approximate Volume of Business per Year: _____
(ie. 1,000 sheets of drywall per year, etc.)

Briefly describe what your company does: _____

About Your Senco DuraSpin Tool

Which DuraSpin tool(s) do you use?

How long have you used it? _____

Where did you buy your DuraSpin tool(s)? _____

Which DuraSpin tool(s) do you use?

How do you use the tool most often?

Are you using your DuraSpin tool in any unique or creative ways? If so, please describe:

What's your favorite thing about the DuraSpin tool(s) you use?

Imagine you're telling a friend about your DuraSpin tool. Use the following lines to share an interesting story or your opinions about the tool.

What would you tell someone who's thinking about buying a DuraSpin?

*Thank you very much for taking a moment to share this invaluable information with SENCO. We value your business greatly! When finished, please mail or fax this questionnaire to **Bryan Wright, Strata-G Communications 250 West Court Street, Cincinnati Ohio 45202, fax# (513) 381-0385.***