Queen Vacuum
and Sewing Machine Company

COMPLETE & RETURN this Form to earn a
FREE PACKAGE of BAGS
When you buy your new vacuum from us!
(Good only with purchase of a new vacuum. Smallest package available for purchased unit - up to $10.00 value. No cash value)

❑ 156 Monmouth Street, Red Bank, NJ 07701 • 732-747-5623
❑ 109 Third Avenue, Neptune City, NJ 07753 • 732-775-7777
www.queenvacuum.com

* * * * * * NEW VACUUM PURCHASE QUESTIONNAIRE * * * * * *

THANK YOU, in advance, for your time in completing this brief questionnaire. **This was devised to help you consider and prioritize all of the important criteria for buying a new vacuum cleaner.** Without careful consideration, a person is likely to buy the *wrong* vacuum for their needs and expectations…the result is frustration and a gross waste of time and money. **Be honest and thorough in your answers – only then can we help you**.

(please check one) ❑Existing Customer ❑New Customer

Date: ____/_____/____ Questionnaire Received from: ❑Store ❑Website ❑Other

Name: ______________________________ Phone: ______________________

Business Name: ______________________________ E-mail: ______________________

Mailing Address: ____
Street City State Zip

Date Redeemed: ___/____/____ (for office use only)
Vacuum Purchased:____________________ **Retail Price: $** ________ **Bag Brand/Type:**______________

Please RANK (in order, 1 thru 9) by writing the corresponding number in the box next to each item.
(#1 = Most important deciding factor, **#9** = not important)

1. **When buying a new vacuum, what is the most important *deciding factor* of your purchase:**
☐Quality ☐Weight ☐Durability ☐Filtration ☐Warranty ☐Consumer Rating ☐Initial Price ☐Ease of Use ☐Maintenance Costs
2. **What is the worst flaw/frustration with your current and/or past vacuums:** (1=worst, 9= not a concern)
☐Too Heavy ☐Belt Breakage ☐Too Noisey ☐Short lifespan ☐Hard to maintain ☐Dirty/ Unsanitary ☐Poor suction ☐No control over suction ☐No Tools/ limited function

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3. Please indicate approximate price range $____________ / ❑Not specified
4. Who will be using this vacuum? ❑Self ❑Other adult ❑Teenager ❑Cleaning svc. ❑Various ❑Employees
5. What type of vacuum do you currently use? ❑Upright ❑Canister ❑Electric Broom ❑none (I sweep/dust)
6. Are you interested in dusting with tools and attachments (above floor, stairs, car, crevices)? ❑YES ❑NO
7. Please indicate approximate square footage of house: ____________ ft sq. (OR ❑small ❑med ❑Lg)
8. How many levels of home ____________ (below, please check all types of flooring found on each level)
Main Floor: ❑wall to wall carpeting ❑hard floors ❑area rugs
2nd Floor: ❑wall to wall carpeting ❑hard floors ❑area rugs
Basement: ❑wall to wall carpeting ❑hard floors ❑area rugs
Elsewhere: Carpeted stairs? ❑yes ❑no Specialty/delicate carpets? ❑yes ❑no
9. Do you currently or plan to have pets that shed? ❑YES ❑NO
10. Do you or anyone in your household suffer from allergies? ❑YES ❑NO
11. How long do you need or expect your vacuum to last? ❑1-4 yrs ❑5-9 yrs ❑10-14 yrs ❑15+ yrs
12. Are there any other concerns or limitations to consider?
❑Storage space ❑Physical injury ❑Heavy Traffic ❑Industrial Use ❑OTHER ____________________

NOTES:____

Customer Signature: ______________________________ Salesperson: ______________