



PRO CHEM SAMPLE TESTING FORM

Sales Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Product: \_\_\_\_\_

What type of customer was product demonstrated to (Industry)? \_\_\_\_\_

Did the customer have a need for this product? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, on what application was the product used on?

How was the product demonstrated?

How did the product perform and how quickly?

Please rate the products from 1-5 on the qualities below. Check off your rating and include any important notes. (1 – very dissatisfied; 5 – very satisfied)

Effectiveness 1 2 3 4 5

Notes: \_\_\_\_\_

Smell 1 2 3 4 5

Notes: \_\_\_\_\_

Thickness 1 2 3 4 5

Notes: \_\_\_\_\_

Any additional notes?

How does it compare to the original Pro Chem product or similar product?



Did the customer purchase this product? Was the customer interested in purchasing this product?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, why did the customer want to purchase the product? How did they plan to use the product?  
Application? Location?

For this sample product, do you see other usages for this product not listed on the description?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please list any other usages: