



**AWARDS FOR THE BEST INDEPENDENTS  
AT THE INDEPENDENT BUSINESS AWARDS 2012**



Nominating Company: .....

Contact Name: .....

Tel: .....

**Sector: Consumer Electronics & Domestic Appliances**

*sponsored by*

**I. NOMINATION NUMBER ONE**

**Small Independent Dealer: Turnover below £1.5 million**

Company's Name: .....

Contact Name: .....

Address: .....

Telephone Number: .....

Email: .....

Please evaluate your nominated dealer business performance against the following criteria:

1 2 3 4 5 (where 1 is the lowest and 5 is the highest score)

- |  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Product Knowledge                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Customer Service                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff Training                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Product Displays (windows and/or in-store) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Local Promotion/Publicity                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Business Management*                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments on the performance of your selected dealer:

.....  
.....

**II. NOMINATION NUMBER TWO**

**Large Independent Dealer: Turnover above £1.5 million**

Company's Name: .....

Contact Name: .....

Address: .....

Telephone Number: .....

Email: .....

Please evaluate your nominated dealer business performance against the following criteria:

1 2 3 4 5 (where 1 is the lowest and 5 is the highest score)

- |  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Product Knowledge                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Customer Service                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff Training                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Product Displays (windows and/or in-store) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Local Promotion/Publicity                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Business Management*                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments on the performance of your selected dealer:

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\* covering such factors as order processing, stock control, invoice payments and overall professionalism in running the business.

