



Instachange Displays Limited
230 Edward Street, Aurora, ON, L4G 3S8

Self Facing System Questionnaire

Company Name:

Contact Name:

Contact Phone:

Contact Email:

ABOUT THE PRODUCT

What product(s) are you trying to push?

1. Dimensions of product(s)

Product: #1 #2 #3 #4 #5

Length:

Width:

Height:

2. Weight of product:

3. Can you provide samples of the product? Yes No

ABOUT THE SHELF AND ITS FACINGS

1. Shelf type & dimension:

Type of shelf:

Depth:

Width:

Height:

2. Quantity of product to be pushed per facing:

3. Number of facings per shelf:

4. Number of shelves per store:

5. Number of stores:

Additional comments: