



MACHINE SURVEY



GET A GASON CAP BY ANSWERING THE FOLLOWING QUESTIONS. WE'RE LOOKING FOR YOUR HONEST FEEDBACK IN ORDER TO HELP GROW THE COMPANY AND PROVIDE THE BEST POSSIBLE MACHINES FOR THE FUTURE AND BEYOND.

Name: _____
Address: _____
Phone/Mobile: _____
Email Address: _____
Machine Model: _____
Serial Number: _____

Q1 - How did you hear about Gason? (Please tick all that apply)

- Owner Family Friend Dealer Website Magazine Facebook
 Twitter YouTube Radio Television Other: _____
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Q2 - What is your business type? (Please tick all that apply)

- Broadacre Horticulture Viticulture
 Contractor Local Government Government Other:

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Q3 - What is the primary use of your Gason machine? (Please tick all that apply)

- Planting Cultivating Spreading Mowing
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Q4 - How often do you rotate your equipment? (Please tick and explain)

- 3-5 years 5-10 years 10-15 years Other:

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Q5 - How long have you had your current equipment in operation? (Please tick and explain)

- 3-5 years 5-10 years 10-15 years Other:

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Q6 - In the next 5 years, do you expect to increase the area that you're working and why? (Please tick and explain)

- 5% 10% 15% 20% 25% 30% Other:

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