

**Please complete as many of the following questions as you can  
and return this questionnaire to us in the envelope provided.**

Membership Number:.....  
Name: .....  
Telephone Number:.....  
Address:.....  
Postcode:.....  
E-mail address:.....  
What day/time would be most convenient to visit you?.....  
.....

## **ABOUT YOU**

How long have you been in the business?.....yrs  
What other interests do you have that regularly take you away from  
your business?  
.....  
How many shops do you have?.....

PLEASE CIRCLE				
1	2	3	>3	

## **ABOUT YOUR BUSINESS**

What are your monthly takings and yearly turnover?.....  
.....  
Method of stock renewal?.....

Which of the following products and services do you stock?

PLEASE TICK

- ACCOUNTING SERVICES
- ADULT MAGAZINES & MEDIA
- ATM MACHINES
- BAKERIES
- BAKE-OFF PRODUCTS
- BATTERIES
- BOOKS
- CANDLES AND GIFTS.
- CARD GAMES & COLLECTABLES
- CASH REGISTERS & C.C.T.V
- AMERICAN COMIC BOOKS
- CONFECTIONERY

PLEASE TICK

- CRISPS & SNACKS
- DAIRY PRODUCTS
- DIARIES & CALENDARS
- DUST MATS
- E-POS SYSTEMS
- E-TOP-UPS
- FIREWORKS
- FLOWERS
- FROZEN FOOD
- GREETING CARDS
- GROCERY
- HOME ENTERTAINMENT

PLEASE TICK

- HORTICULTURE
- HOSIERY
- ICE CREAM
- INSURANCE
- MAPS
- MEAT PRODUCTS
- MISCELLANEOUS
- OFFICE EQUIPMENT
- OFF LICENCE SUPPLIES
- PARTY PRODUCTS
- REFRIGERATION
- SANDWICHES

PLEASE TICK

- SECURITY
- SHOP FITTING
- SLUSH MACHINES
- SMOKERS REQUISITES
- SOFT DRINKS
- SPECTACLES
- STATIONERY
- STOCKTAKING
- TILL ROLLS / PRICING GUNS
- TOYS & GIFTS
- WHOLESALERS
- WOOL

Who is responsible for placing orders?.....  
How many staff do you employ?.....  
What are your opening hours?.....  
When did your shop last have a refurbishment?.....  
Do you use promotions regularly?.....

PLEASE CIRCLE	
YES	NO

What Profit On Return (P.O.R) do you look to achieve on:  
A) everyday business?.....  
B) promotions?.....  
What floor area do you have?.....

What storage area do you have?.....  
Do you have a National Lottery terminal?.....  
Do you accept payments by credit card?.....  
Do you have a Payzone terminal?.....

PLEASE CIRCLE	
YES	NO

PLEASE CIRCLE	
YES	NO

PLEASE CIRCLE	
YES	NO

Who are your main competitors (*local businesses, supermarkets etc*).....  
.....  
.....  
What length of card fixtures do you have?.....  
Do you have a chiller and ice cream fridge?.....

PLEASE CIRCLE	
YES	NO

For office use only

Date sent:.....28/10/2009.....

Date returned:.....

Which suppliers currently deliver to you?.....  
 .....  
 Which products do you buy from the Cash & Carry?.....  
 .....  
 Which Cash & Carry(s) do you use?.....  
 .....  
 Do you use any regional suppliers outside of the buying group?.....  
*(If YES, please name them)*.....  
 .....  
 Do you use industry planograms?..... 

PLEASE CIRCLE	
YES	NO

  
 What are your top 3 best-selling lines?  
 1.....  
 2.....  
 3.....  
 Which categories would you like to see promoted?.....  
 .....  
 What level of investment would you be prepared to make to  
 enable increases in turnover?.....

Do you have a van for deliveries?..... 

PLEASE CIRCLE	
YES	NO

  
 Would you do deliveries?..... 

PLEASE CIRCLE	
YES	NO

  
 Are your vehicles covered by a breakdown service?..... 

PLEASE CIRCLE	
YES	NO

  
 In which areas do you think Bridewell Direct could be improved?  
 .....  
 How do you see your business progressing?.....  
 .....  
 Please say what you pay for the following:  
 Bread....., Milk.....  
 What do you want from the development interview?.....  
 .....

**YOUR CUSTOMER BASE**

How would you describe your customer base? *(affluent, council, adult, school)*.....  
 What is their average spend per visit?.....  
 What do they look to buy?*(convenience, news, alcohol, tobacco)*.....  
 .....  
 .....

Please draw a plan of your shop layout or attach a photograph in the space provided.  
 If you require any further space, please use the reverse of this page.

***Thank You***