



Consumer Score Audit

Date: _____ Shopper ID: _____

Business Name: _____ Business Contact: _____

Title (Owner / Manager): _____

Tel: _____ Fax: _____ E-mail Address: _____

Street or Mail Address: _____

Business Specialization: _____

Years in Business: _____ Years at Current Location: _____

If recently moved, Years at Previous Location: _____

Visible Outside Signage: _____ Well marked service or delivery vehicle: _____

Describe number of Parking Spaces available: _____

Describe Fleet: _____

Company ownership Local, Regional, Provincial or National: _____

Associations and Affiliations company has: _____

Describe Logo: _____

Days and Hours of Operation: _____

Do you have Outside Sales Reps: _____ What is the Market Area Served: _____

Charge for delivery? _____ If so, what is the average charge: _____

Disposal service to remove old items replaced by newly installed items: _____

Consumer Testimonials: _____

Toll-free Phone number: _____

Website Address: _____

Air Miles: _____ Accept major credit cards: _____ Financing Available: _____

Standard delivery time for out-of-stock items: _____

Free Estimates: _____ Installation services for your products: _____

Product Return Policy: _____

Standard Service Policy on your products: _____

Dispute Resolution Policy: _____

Does company research product lines that have a minimal environmental impact: _____

Merchandise Displays: _____ Samples Available: _____

Brochures and Catalogs Available: _____

How are problems with debt collection treated: _____

Business insurance coverage: _____

Are they required, and are they registered with Workers Compensation: _____

Condition of Washrooms (if applicable): _____ Greeting of Customers: _____

Comments:

This information is for our use only.