

# Market Survey

1. In what type of business, industry or profession do you work? (Please check one.)

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture/forestry/construction   | <input type="checkbox"/> Communications/publishing/advertising                      |
| <input type="checkbox"/> Data processing/computers           | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Finance/banking/insurance           | <input type="checkbox"/> Government/public administration                           |
| <input type="checkbox"/> Health care (medical, dental, etc.) | <input type="checkbox"/> Manufacturing  |
| <input type="checkbox"/> Real estate                         | <input type="checkbox"/> Personal/business services (consultant, CPA, lawyer, etc.) |
| <input type="checkbox"/> Wholesale trade                     | <input type="checkbox"/> Transportation/public utilities                            |
| <input type="checkbox"/> Retail trade                        |   |
| <input type="checkbox"/> Other: _____ (please specify)       |   |

2. What is your position? (Please check only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Chairman of the Board                         | <input type="checkbox"/> President/CEO                               |
| <input type="checkbox"/> Owner/Partner                                 | <input type="checkbox"/> Director                                    |
| <input type="checkbox"/> Other Company Officer (V.P., Treasurer, etc.) | <input type="checkbox"/> Department Head                             |
| <input type="checkbox"/> Manager                                       | <input type="checkbox"/> Supervisor/Foreman                          |
| <input type="checkbox"/> Scientist or Engineer                         | <input type="checkbox"/> Other administrative position not mentioned |
| <input type="checkbox"/> Sales   | <input type="checkbox"/> Technical Specialist                        |
| <input type="checkbox"/> Clerical                                      | <input type="checkbox"/> Retired                                     |
| <input type="checkbox"/> Other: _____ (please specify)                 |  |

3. How many people, including yourself, work at your company, including branches, international offices and plants? (Please check only one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Under 10       | <input type="checkbox"/> 10 - 24       |
| <input type="checkbox"/> 25 - 49        | <input type="checkbox"/> 50 - 74       |
| <input type="checkbox"/> 75 - 99        | <input type="checkbox"/> 100 - 249     |
| <input type="checkbox"/> 250 - 499      | <input type="checkbox"/> 500 - 999     |
| <input type="checkbox"/> 1,000 - 4,999  | <input type="checkbox"/> 5,000 - 9,999 |
| <input type="checkbox"/> 10,000 or more |  |

4a. What are your company's annual gross sales or revenues? (Include all plants, branches, divisions and subsidiaries.)

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$250,000           | <input type="checkbox"/> \$250,000 - \$499,999         |
| <input type="checkbox"/> \$500,000 - \$999,999         | <input type="checkbox"/> \$1 million - 4.9 million     |
| <input type="checkbox"/> \$5 million - \$9.9 million   | <input type="checkbox"/> \$10 million - \$24.9 million |
| <input type="checkbox"/> \$25 million - \$99.9 million | <input type="checkbox"/> \$100 million or over         |

4b. What year did your business start? \_\_\_\_\_

5. Do you serve on your company's board of directors?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. Are you on the board of directors of any other company?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7a. Are you an owner or a partner of a business?

- ☐ Yes ☐ No

7b. If you answered yes, in what industry or profession were you employed and what was your job title before you became an owner or partner?

Industry or Profession: \_\_\_\_\_ Job Title: \_\_\_\_\_

7c. Are you considering starting or buying a new or additional business?

- ☐ Yes ☐ No

7d. If you are planning to start or buy a new business, when do you plan to do so?

- ☐ In the next six months ☐ In 7 to 12 months  
☐ In 13 to 24 months ☐ More than 24 months from now  
☐ Not sure

8. In the last 12 months, have you been directly involved in initiating, recommending, ordering or approving the purchase of any of the following products or services for your firm? (Please check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting services   | <input type="checkbox"/> Advertising /PR/sales promotion  |
| <input type="checkbox"/> Answering/paging systems  | <input type="checkbox"/> Banking and financial services   |
| <input type="checkbox"/> Building materials/equipment  | <input type="checkbox"/> Car/truck/van purchase or lease  |
| <input type="checkbox"/> Computers and computer accessories and/or related computer equipment (include time-sharing) | <input type="checkbox"/> Computer software  |
| <input type="checkbox"/> Credit cards  | <input type="checkbox"/> Copiers  |
| <input type="checkbox"/> Fax machines  | <input type="checkbox"/> Express mail/courier/package delivery, overnight delivery              |
| <input type="checkbox"/> Insurance   | <input type="checkbox"/> Office furniture and fixtures  |
| <input type="checkbox"/> Office supplies (including office paper)  | <input type="checkbox"/> Other office machines (calculators, typewriters, postage meters, etc.) |
| <input type="checkbox"/> Real estate and/or office or plant location   | <input type="checkbox"/> Temporary office help/employee recruitment                             |
| <input type="checkbox"/> Telecommunications equipment/services   | <input type="checkbox"/> None of these  |
| <input type="checkbox"/> Travel services   |   |

9. Which express mail/package delivery services do you use? (Please check all that apply.)

- ☐ Federal Express
- ☐ United Parcel Service
- ☐ Emery/Purolator
- ☐ U.S. Postal Service/Express Mail
- ☐ DHL
- ☐ Other: \_\_\_\_\_ (please specific)