

Newspaper distribution questionnaire

Your details

Customer number	
Name	
Business address	
Town/city & postcode	
Telephone	
Delivery address (if different from above)	
Town/city & postcode	
Telephone	

Questions

What are your opening hours?

	Opening time	Closing time
Monday – Friday		
Saturday		
Sunday		
Please state any exceptions (eg- early closing / late opening)		

What time do you make your first counter sale?

Monday – Friday	Saturday	Sunday

Do you have a secure area for receipt of your newspaper supplies (eg- a security bin)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details of location, access, etc	

Number of delivery rounds

Monday – Friday	Saturday	Sunday

What type of delivery system do you operate?

Manual bookkeeping	<input type="checkbox"/>
Computerised	<input type="checkbox"/>
Other	<input type="checkbox"/>

What time do you commence preparing delivery rounds?

Monday – Friday	Saturday	Sunday

How many staff prepare your delivery rounds?

Monday – Friday	Saturday	Sunday

How long does it take to prepare all your delivery rounds?

Monday – Friday	Saturday	Sunday
minutes	minutes	minutes

What time does your first delivery leave your premises?

Monday – Friday	Saturday	Sunday

Are there any particular local factors that affect the early sale of newspapers in you shop? eg- proximity to local school, factory etc

Taking into consideration all the above information, by what time must you have received your newspaper delivery from your wholesaler?

Monday – Friday	Saturday	Sunday

Please provide details of any other wholesalers who supply you with national newspapers

Wholesaler name and town	Your customer/box number for that wholesaler

Any other information or comments

Signed		Date	
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Please return to your mail newspaper wholesaler