

Company Name Publication Name

Mailing Address Date

City State Zip Code

Contact Name Phone Number

email Cell Number

1. a. What time of the month do you print?

b. Do you have more than one edition?
If yes, how many?

c. Frequency: If you select "Other" please explain

d. Type of Publication: e. Magazine Size :

f. Current page count: g. Current Print Quantity per Issue :

h. How are they bundled? i. How many per bundle / box?

j. Do you wish to restock? k. How many stops and how often?

l. Special Drop requirements (Event Drops, Out of Area Drops, Large Quantity Drops, or Special Requirements required):

m . Please explain your special drop requirements:

2. What is the content of your publication? Classified Auto Employment Senior Real Estate LifeStyle
 Coupon Sports Other

3. Who is your target reader?

4. In what city/cities are you currently distributing your publication?

5. Do you have plans in the future to expand to new markets with this publication?

If "Yes", what markets are you considering?

6. How many non-rental single placement distribution locations do you currently place your publication?

7. How are your currently distributing your magazine? New Market Setup Internal Distribution Distributech or Dominion
 Out Sourced Combination of Internal & Out Sourced

8. How many total distribution points do you have currently?

9. Do you have your own distribution routes established or do you need TGS to create them?

10. What type of equipment do you own?

- Plastic Outdoor Box Metal Outdoor Box Wire Floor Racks
 Wire Table Top Racks Plastic Table Top Racks No equipment at this point
 Plastic Floor Racks Rent Rack or Box Space from another source

11. Do you have a route inventory of your equipment? If so, how many boxes and how many racks are in your distribution inventory?

12. Are you receiving or do you have access to your distribution movement reports? **If yes, in what format do you receive them (ie excel ,pdf, etc...) and how often?**

13. What do you like about your current distribution program and what would you want to change?

14. What are your expectations for a distributor and how do you measure distribution success?

15. What would you like TGS to propose pricing for in regards to our services?

- All TGS Services Distribution Only Auditing Services
 New Market Setup Outdoor Boxes Wire Floor Racks
 Distribution Routing / Reporting Software and Mapping Services Rack Rental Program Consulting
 Shipping of magazines from printer

Advertising-Distribution sales tool questionnaire section

16. How important are online distribution reports and circulation maps to you?

- Very Important Important Mildly Important Not Important
 Don't use them Never Received Not Applicable

17. How often do you market your circulation with distribution sales aids and regional maps?

- Every Call Most of the time Not that often Never
 Not Applicable Not sure what your asking

Thank you for filling out our customer questionnaire. We will use this information to assemble a proposal based on your publication needs. We will return a proposal within 48 hours of receiving this form. Thank you again and we will be in touch with you.
TGS Management Team

