

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

