phone: (800) 366-2824 **fax:** (603) 532-6001 **email:** info@ddbean.com **web:** http://www.ddbean.com

Customer Information Form

In an effort to better understand our customers and their subsequent needs, we feel it is important to learn about their business. If you could take a few moments to fill out this form, we feel the understanding we gain about you as a customer will assist us in our endeavor to serve you better. Thank you for your cooperation.

Company Name:			
Address:	City:	State:	Zip:
Phone Number: ( ) -	Fax Number: ( ) -		
E-mail Address:	Web Site Address:		
Contact: Mr. ( ) Ms. ( )	Company Owner's Name:		
Type of Ownership:	Year Company was Established:		

What type of match product are you interested in or currently purchasing?

- ☐ Advertising Re-Sale (Current National Ad)
- ☐ Non-Advertising Re-Sale (White & Thank You)
- ☐ Private Label (Custom Logo)
- ☐ Hotel/Motel
- ☐ Casino
- ☐ Restaurant
- ☐ International

Approximately how many cases of book matches will your company distribute this year?
(One case = 2500 matchbooks)

☐ 100-200 ☐ 201-500 ☐ 501-1000 ☐ 1001-2500 ☐ 2501-5000 ☐ 5000+

What is the nature of your business?

- ☐ Candy/Tobacco Wholesaler
- ☐ Wholesale Grocer
- ☐ Convenience Store Distributor
- ☐ Supermarket
- ☐ Wholesale Buyers' Club
- ☐ Drug Store Chain
- ☐ Discount/Mass Merchandiser
- ☐ Hotel/Restaurant
- ☐ Food Service Supply
- ☐ Casino
- ☐ Export
- ☐ Other (please specify):

Would you like a customer service representative from D.D. Bean & Sons Co. to follow up with you regarding your match needs?

☐ Yes ☐ No

To whom do you distribute our book matches? Please provide us with an approximate percentage for any/all customer types that apply.

A. _____% Single Unit _____% C-Store, _____% Grocery Store, _____% Liquor Store

B. _____% Convenience Store Chain
C. _____% Supermarket
D. _____% Drug Store Chain
E. _____% Hotel/Motel
F. _____% Restaurant
G. _____% Casino
H. _____% Bars/Lounges
I. _____% News
J. _____% Tobacco Store
K. _____% Specialty Store
L. _____% Institutional
M _____% Food Service
N. _____% Export
O. _____% Other (please specify):

Thank you!
Thank you in advance for taking the time to complete this questionnaire. If you have any questions pertaining to this, or any other matter, feel free to contact us. When completed fax this form to (603) 532-6001.