



Business Survey

Date: _____

Name _____ Phone # _____

Name of Business: _____

Address: _____

Is there anyone else involved in your business that would need to see the program in order for you to give me a Yes or No decision while I am here? _____

Why did you locate your business in this area? _____

How many years have you been in business? _____

What forms of advertising are you currently using? (Circle all that apply)

TV Radio Newspaper Internet Billboards Benches Yellow Pages

Direct Mail Magazine Other: _____

1. _____ D/W/M/Y _____

2. _____ D/W/M/Y _____

3. _____ D/W/M/Y _____

"What TerraBoost is designed to do for you, is to help drive revenue for all these other advertising investments."

If we were to ask the next 100 people leaving the supermarket who they would recommend in your line of business, how many would say your name first? _____

I understand that the special discount program can only be offered on the initial visit. This offer may not be repeated in the future.

Business owner/representative Signature _____ Date: _____

TerraBoost Authorized Rep _____