

## MARKET SURVEY (COMPANY)

1. In what type of business, industry or profession do you work? (Please check one.)

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture/forestry/construction   | <input type="checkbox"/> Communications/publishing/advertising                      |
| <input type="checkbox"/> Data processing/computers           | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Finance/banking/insurance           | <input type="checkbox"/> Government/public administration                           |
| <input type="checkbox"/> Health care (medical, dental, etc.) | <input type="checkbox"/> Manufacturing  |
| <input type="checkbox"/> Real estate                         | <input type="checkbox"/> Personal/business services (consultant, CPA, lawyer, etc.) |
| <input type="checkbox"/> Wholesale trade                     | <input type="checkbox"/> Transportation/public utilities                            |
| <input type="checkbox"/> Retail trade                        |   |
| <input type="checkbox"/> Other: _____ (please specify)       |   |

2. What is your position? (Please check only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Chairman of the Board                         | <input type="checkbox"/> President/CEO                               |
| <input type="checkbox"/> Owner/Partner                                 | <input type="checkbox"/> Director                                    |
| <input type="checkbox"/> Other Company Officer (V.P., Treasurer, etc.) | <input type="checkbox"/> Department Head                             |
| <input type="checkbox"/> Manager                                       | <input type="checkbox"/> Supervisor/Foreman                          |
| <input type="checkbox"/> Scientist or Engineer                         | <input type="checkbox"/> Other administrative position not mentioned |
| <input type="checkbox"/> Sales   | <input type="checkbox"/> Technical Specialist                        |
| <input type="checkbox"/> Clerical                                      | <input type="checkbox"/> Retired                                     |
| <input type="checkbox"/> Other: _____ (please specify)                 |  |

3. How many people, including yourself, work at your company, including branches, international offices and plants? (Please check only one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Under 10       | <input type="checkbox"/> 10 - 24       |
| <input type="checkbox"/> 25 - 49        | <input type="checkbox"/> 50 - 74       |
| <input type="checkbox"/> 75 - 99        | <input type="checkbox"/> 100 - 249     |
| <input type="checkbox"/> 250 - 499      | <input type="checkbox"/> 500 - 999     |
| <input type="checkbox"/> 1,000 - 4,999  | <input type="checkbox"/> 5,000 - 9,999 |
| <input type="checkbox"/> 10,000 or more |  |

4a. What are your company's annual gross sales or revenues? (Include all plants, branches, divisions and subsidiaries.)

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$250,000           | <input type="checkbox"/> \$250,000 - \$499,999         |
| <input type="checkbox"/> \$500,000 - \$999,999         | <input type="checkbox"/> \$1 million - 4.9 million     |
| <input type="checkbox"/> \$5 million - \$9.9 million   | <input type="checkbox"/> \$10 million - \$24.9 million |
| <input type="checkbox"/> \$25 million - \$99.9 million | <input type="checkbox"/> \$100 million or over         |

4b. What year did your business start? \_\_\_\_\_

5. Do you serve on your company's board of directors?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**THIS IS A 4-PAGE FORM.**