

YOUR NAME:	
YOUR NAME:	

YOUR STORE # : _____

TODAYS DATE : _____

COMPETITIVE SHOPPING REPORT

STORE VISITED		LOCATION		TIME OF DAY			
# OF CARS IN PARKING	# OF CUSTOMERS IN STORE	STO	RE HOURS	SALESPERSON NAME PLEASE ATTACH BUSINESS CARD TO THIS FORM			
WHEN AND WHERE WERE YOU GREETED ?							
WHAT TYPE OF GREETING DID YOU RECEIVE ?							
SPECIAL SALE GOING ON ?							
NUMBER OF SALES ASSOCIATE / APPEARANCE ?							
FABRIC PROTECTION PRICE AND WARRANTIES ?							
SHOWROOM DISPLAY / HOUSEKEEPING ?							
PRICE COMPARED TO LEADER'S. BY THE PIECE OR THE GROUP ?							
ENIANCING MAILABLE TYPE OF CREDIT CARRY OUTCIDE FINANCING 3							
FINANCING AVAILABLE, TYPE OF CREDIT CARDS, OUTSIDE FINANCING ?							
DID THE SALESPERSON ASK YOU TO BUY TODAY ? DELIVERY TIME ?							
OVERALL, HOW WOULD YOU RATE YOUR SALESPERSON ?							
SUMMARY:							