Elite Shopping Tours
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ABN: 14 829 529 582

OUTLET / SHOP QUESTIONNAIRE

TO ASSIST US TO HAVE THE BEST SHOPPING TOURS AT YOUR OUTLET PLEASE COMPLETE THE FORM BELOW

OUTLET/SHOP NAME: .....

OWNER/PROPRIETOR: .....

ADDRESS: .....

POST CODE: ..... MELWAYS MAP REF: .....

CONTACTS: .....

TELEPHONE: ..... MOBILE ..... A/H .....

FAX: ..... EMAIL .....

MERCHANDISE DESCRIPTION IN YOUR OUTLET: .....

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PAYMENT FACILITIES ☐ Bankcard ☐ Mastercard ☐ Visacard ☐ Eftpos
☐ Diners ☐ Amex ☐ Cheque ☐ Cash

WOULD YOUR OUTLET WANT TO DO A COMPANY INTRODUCTION? ☐ YES ☐ NO

DOES YOUR OUTLET HAVE SPECIALS AVAILABLE FOR OUR TOURS ☐ YES ☐ NO

ON ARRIVAL AT YOUR OUTLET THE PROCEDURE YOU WOULD LIKE US TO FOLLOW

.....

YOUR REGISTER PROCEDURE .....

.....

ARE TOILETS AVAILABLE ☐ YES ☐ NO
ARE CHANGE ROOMS AVAILABLE ☐ YES ☐ NO ☐ Not Applicable
WILL YOU GIVE A RAFFLE PRIZE TO THE TOUR ☐ YES ☐ NO ☐ Any Limitations .....
(Great Marketing for your Outlet/Shop)

DAYS YOU ARE OPEN ..... TIMES .....

EVENINGS (EG FRIDAYS) ..... TIMES .....

DO YOU CLOSE FOR ANY BREAKS DURING THE YEAR .....

PUBLIC / SCHOOL HOLIDAYS? .....

ANY OTHER PARTICULARS YOU FEEL WE NEED TO KNOW TO ASSIST IN PROVIDING THE BEST SERVICE AND OBTAINING THE BEST SALES FOR YOUR OUTLET .....

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COMMISSION..... **(20% is our standard structure however can be discussed)**

PAID CASH ON THE DAY ☐ YES ☐ NO INVOICE REQUIRED ☐ YES ☐ NO

I/we hereby agree to pay commission based on the amount spent at our Outlet within seven days of the tour. TERMS STRICTLY SEVEN (7) DAYS.

Date : ..... **Signed :** .....

Please contact us if you require any further information on procedures on our shopping tours. Please return completed form **ASAP** by fax on 9576 7664 or send to PO Box 329, Glenhuntly 3163.or by e-mail :admin@eliteshoppingtours.com.au