

The COOPERATOR Client Questionnaire

The Co-op & Condo Monthly

date: _____

CLIENT	
NAME:	_____
FIRM:	_____
STREET:	_____
CITY:	_____ STATE: _____ ZIP: _____
PHONE:	_____
FAX:	_____

ADVERTISING AGENCY	
NAME:	_____
FIRM:	_____
STREET:	_____
CITY:	_____ STATE: _____ ZIP: _____
PHONE:	_____
FAX:	_____

TYPE OF BUSINESS	
Subscriber	<input type="checkbox"/> YES <input type="checkbox"/> NO

TARGET AUDIENCE

NEW PROGRAMS OR SERVICES: _____

WHO ELSE IS INVOLVED IN THE DECISION: _____

COMMENTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Send Additional Materials
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide Comp Subscription
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Follow Up

ASK FOR REFERRALS