



RETAILER DELIVERY TIME SURVEY

We are constantly reviewing our delivery performance and would be very grateful if you could complete and return the following which will help us to understand your delivery requirements.

Retailer Box Number:

Business Name:

Store Trading Name:

Address:

Primary Contact:

Email Address:-

Monday - Friday

Saturday

Sunday

Store opening time			
Store closing time			
Do you operate home delivery rounds? If so, how many?			
Time spent preparing home deliveries			
Time home deliveries start			
Time spent preparing counter supplies			
Average time of first counter sale			
Time other newspapers are delivered			
Preferred Dash delivery time			
Latest acceptable Dash delivery time, after which sales will be negatively affected.			

Completed by

Position

Signed

Date