



Host Survey Packet

Business Name: _____ Contact Name _____ Title _____

Address: _____ City/State/Zip _____

Email: _____ Website: _____

Phone#: _____

Hours of Operation:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Average monthly traffic: _____

Description of business:

Excluded business:

How often would you need your digital screen updated with the latest special? Weekly/
Monthly or Other _____

Would you recommend our service to a Friend/ Business Owner? _____

We appreciate your business!



Give your Representative a list of business you would like to see YOUR advertisement in.

Business Name	Contact Name	Address/City	Phone #

Give your Representative a list of business you would like to see on YOUR screen.

Business Name	Address	City	Type of Business	Contact Name	Phone #

Our goal is to make it happen! ...
 "Together we can help build *your* business profits."