

**TravelCenters of America
Supplier Questionnaire—(Re-sale Product)**

If you are presenting a product to TravelCenters of America for resale in their stores, shops or restaurants, please use this form.

Company Information	
Company Name:	Telephone:
Address:	Fax:
City/State/Zip:	Web page:
Contact/Title:	E-mail address:
Date Business Established:	Dun & Bradstreet Listing No.:
Tax ID No.:	SIC/NASIC Code (if applicable):
Do you manufacture? _____	Do you contract? _____
Are you a: _____ Broker _____ Distributor _____ Manufacturer _____ Manufacturer's Rep.	
Ownership: _____ Corporation _____ Partnership _____ Sole Proprietor	

Product Information					
Give a brief description of your product(s):					
Brand Name(s):					
Who are your top 3 current accounts?					
	Name	Address	Contact	Phone	Volume/Units
1.					
2.					
3.					
How long has your product been on the market?					
List the sales on your product(s) in dollars, for the past three years:					
	Last Year 20__			dollars	
	Previous Year 20__			dollars	
	Previous Year 20__			dollars	
Are you a member of the Universal Code Council? Yes No UPC Membership No.					
Do you have EDI (Electronic Data Interchange)? Yes No (Please comment below.)					

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Product Information

Please answer the following questions concisely on separate paper, typewritten, one page maximum per question.

1. Who is the customer with regard to gender, age, average income, occupation or interests, etc.?
2. List ALL direct and indirect competitive products.
3. List ALL (known) competitive products currently in TA shops, stores or restaurants.
4. What are your product's advantages?
5. What is your product's wholesale price range?
6. What is your largest competitor's price range?
7. Where is your product produced? By whom?

Please provide your marketing / promotional budget for the past two (2) years, current and upcoming year.

Year: 20__ \$ _____ Year: 20__ \$ _____ Year: 20__ \$ _____ Next year: 20__ \$ _____

What funds do you have available to finance next year's production?

What investment plans do you have to fund future growth?

How many units/year do you expect to be able to supply to TravelCenters of America?

Please provide up to three references within TravelCenters of America and at least three outside references:

Corporation Name:	Contact:	Telephone:
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

This will certify to TRAVELCENTERS OF AMERICA that the information supplied on this form is true and correct. I will advise TRAVELCENTERS OF AMERICA promptly if any information supplied should change.

COMPANY: _____

CERTIFIED BY: (Signature) _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal packet. All information supplied to us will be kept confidential. Please return this completed questionnaire, along with the other items requested in the Supplier Proposal Guide, to the address shown below. Please do not submit this questionnaire separately.

SEND YOUR PROPOSAL PACKET TO:
TravelCenters of America, Inc.
24601 Center Ridge Road, Suite 200
Westlake, OH 44145-5639

Please specify department:

- Travel Store*
- Repair Shop*
- Restaurant*
- Motel*
- Advertising*
- Construction*

Please specify product type:

- General Merchandise*
- Convenience*
- Beverage*
- Services*
- Supply*
- Equipment*
- Parts*