



INDEPENDENT VENDORS ASSOCIATION

Vending Questionnaire

To help us better understand your Current Vending Program and what is Important to you, could you Please complete this Short Survey. THANK YOU!!!!

Your Business Name: \_\_\_\_\_ Person Filling Out Survey: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

How many employees work there? \_\_\_\_\_ How many daily visitors do you have? \_\_\_\_\_

How important is Vending to your Employees? Very Important \_\_\_\_\_ Not Important \_\_\_\_\_

Do your employees get to choose the Products that go into the Vending Machine?

Yes \_\_\_\_\_ No \_\_\_\_\_

If your Employees could choose the Products that go into the Vending Machines do you feel your Employee's would appreciate that benefit? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you Rate the Age of your Vending Machines?

Very Old \_\_\_\_\_ Old \_\_\_\_\_ Like New \_\_\_\_\_ New \_\_\_\_\_

Do your Current Vending Machines accept the following Methods of Payment?

One Dollar Bills Yes \_\_\_ No \_\_\_, Five Dollar Bills Yes \_\_\_ No \_\_\_,

One Dollar Coins Yes \_\_\_ No \_\_\_, Credit Card Readers Yes \_\_\_ No \_\_\_\_.

Do Products ever get stuck in the machine and you have to wait for a refund or choose another product? Yes \_\_\_ No \_\_\_\_\_

Do you run out of Vending Products before the Machine is Restocked? Yes \_\_\_ No \_\_\_\_\_

How often does your Current Vendor fill your Vending Machines? \_\_\_\_\_

If you could change anything about your Current Vending Program what would it be?

\_\_\_\_\_  
\_\_\_\_\_

Please rate your current vending services. On a Scale of 1 to 5 (5 is best). \_\_\_\_\_

If We could provide a Better Vending Program for you and your Associate's would you consider making a change? Yes \_\_\_\_\_ No \_\_\_\_\_





## INDEPENDENT VENDORS ASSOCIATION

If Possible - Would you email a digital picture of your vending machines (this helps us assess the equipment)?

**\*\*\* How To Return this Form \*\*\***

***Once filled in, Please click File Save as, name the file your business name, then return via attached document to below Email.***

Pictures and or Form via attached/scanned Email to: [info@ivaweb.com](mailto:info@ivaweb.com)

Form Return via Fax: 515-274-5180

Additional Comments:

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A representative will be in Contact with you to Share all the Benefits on how We can Provide your Refreshment Services with the Highest Quality Vending Services!!!

***We look forward to working with you and your associates!***

**Thank You!**

Keenan Joiner

Email: [info@ivaweb.com](mailto:info@ivaweb.com)

Fax: 515-274-5180

Or Call Toll Free: 800-303-6259

