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Mr/Mrs/Miss/Ms: ..... Name: ..... Surname: .....  
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 County ..... \*Postcode: ..... Country .....  
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**About your Company:**  
**A. Please tick one only which represents your company:**  Operator  Supplier  Other (please specify) .....

**B. Please tick one only which is closest to your job function:**  
 Owner/Proprietor  Managing Director/Chief Executive  
 Finance Director/Manager  Engineering Director/Manager  
 Tours Director/Manager  Operations Director/Manager  
 None of these (please specify) .....

**C. \*Please tick one only which represent the number of vehicles in your business:**  
 1–10 Vehicles  11–20 Vehicles  
 21–30 Vehicles  31–50 Vehicles  
 51–100 Vehicles  100+ Vehicles  
 Not applicable

**D. Please tick ALL which represent your company activities:**  
 Private Hire  Day Excursions  
 Local Bus Service  Inclusive Tours  
 School Contracts  Product Supplier  
 Community Transport  Vehicle Manufacturer  
 Other (please specify) .....

**E. Please enter the number of each type of vehicle your company operates:**  
 ..... Full-size coaches ..... Midi Coaches  
 ..... Double-deck buses ..... Full-size single-deck buses  
 ..... Midi buses ..... Mini buses  
 ..... Taxis/Limo's ..... Wheelchair accessible vehicles  
 ..... Other .....

**F. If you ticked Day Excursions or Inclusive Tours in question D, what is your Tour Manager's Name?.....**

**G. Please tick ALL items where you have a role in purchasing/specifying:**

<input type="checkbox"/> Full sized Coaches	<input type="checkbox"/> Ticket and Fare Collection	<input type="checkbox"/> UK Tours
<input type="checkbox"/> Mini/Midi Coaches	<input type="checkbox"/> Uniforms	<input type="checkbox"/> European Tours
<input type="checkbox"/> Full sized Buses	<input type="checkbox"/> AV Communication Equipment	<input type="checkbox"/> Group Travel Wholesaling
<input type="checkbox"/> Mini/Midi Buses	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Hotels
<input type="checkbox"/> Chassis Equipment	<input type="checkbox"/> Insurance Services	<input type="checkbox"/> Cross Channel Ferry Services
<input type="checkbox"/> Workshop Equipment	<input type="checkbox"/> Accessible/Community Transport	<input type="checkbox"/> Other (please specify) .....
<input type="checkbox"/> Body Equipment	<input type="checkbox"/> Training	

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