



This paper sales tool provided courtesy of United Stationers.

# Office Paper Survey

Date: \_\_\_/\_\_\_/\_\_\_

## Customer Information

Business \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

Met With \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_\_) \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

## Paper Sourcing

Primary Supplier \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Reasons why this is the primary supplier (e.g. prices, service, delivery, programs, single source, etc.) \_\_\_\_\_

Percentage of Paper Business \_\_\_\_\_% How long have they been a supplier? \_\_\_\_\_

Type of Paper Purchased	Brand	Price	Quantity
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____

Total Annual spending with this supplier (calculate from above information if necessary) \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Supplier \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Reasons why this is a paper supplier (e.g. prices, service, delivery, programs, single source, etc.) \_\_\_\_\_

Percentage of Paper Business \_\_\_\_\_% How long have they been a supplier? \_\_\_\_\_

Type of Paper Purchased	Brand	Price	Quantity
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____

Total Annual spending with this supplier (calculate from above information if necessary) \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Supplier \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Reasons why this is a paper supplier (e.g. prices, service, delivery, programs, single source, etc.) \_\_\_\_\_

Percentage of Paper Business \_\_\_\_\_% How long have they been a supplier? \_\_\_\_\_

Type of Paper Purchased	Brand	Price	Quantity
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____
Item# _____	_____	\$ _____ per _____	_____ per _____

Total Annual spending with this supplier (calculate from above information if necessary) \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Office Paper Survey (continued)



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## Equipment Information

- |  |                           |              |                  |                  |
|--|---------------------------|--------------|------------------|------------------|
| <input type="checkbox"/> Copy Machine    | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Laser Printer   | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Inkjet Printer  | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Plain Paper Fax | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Thermal Fax     | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Multifunction   | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |

Purchase OEM paper for machines?  Yes  No If Yes, which brands: \_\_\_\_\_

Equipment Notes: \_\_\_\_\_

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

## Paper Applications

Indicate typical uses for office paper:

- |  |                           |              |                  |                  |
|--|---------------------------|--------------|------------------|------------------|
| <input type="checkbox"/> General use       | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Presentations     | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Proposals         | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Letterhead        | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Memos             | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Reports           | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Product Sheets    | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Brochures         | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Bulletin Board    | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Financial Results | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> Archive/Storage   | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> _____             | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> _____             | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> _____             | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |
| <input type="checkbox"/> _____             | Primary Paper Brand _____ | Weight _____ | Brightness _____ | Reams/Week _____ |

Application Notes: \_\_\_\_\_

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

## Opportunities

Current Supplier Issues: \_\_\_\_\_

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

Problems: \_\_\_\_\_

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

Special Needs: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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