

P&J Vending

Food & Beverage Supply Company

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Customer Questionnaire

1. What is the name of your business/organization?
2. What is your location/address?
3. What type of facility is this (e.g., school, office building, gym, hospital, warehouse, apartment complex)?
4. Approximately how many people frequent your location daily?
5. Where do you plan to place the vending machine? (e.g., lobby, breakroom, cafeteria)
6. What are the operating hours of your facility? Do you require a specific size or type of vending machine (snacks, beverages, combo, healthy options)?
7. What types of snacks and beverages would you like to offer your staff/visitors? (e.g., healthy options, traditional snacks, energy drinks, sodas, bottled water)
8. How often would you like the machine restocked? (e.g., weekly, biweekly, monthly)
9. Who will be responsible for handling any potential vending issues or complaints on-site?