***2017 Cost of Doing Business Study***

**Company Profile**

**Name/Title:**

**Company Name:**

**Mailing Address:**

**City, State, Zip Code:**

**Telephone:**

**E-Mail:**

**Wholesaler Store #:**

1. **What type of company do you consider yourself to be? (Check only one)**

[ ]  Hardware Store

[ ] Home Center

[ ] Lumberyard

1. **Number of Stores:**
2. **How long has your business been in business:** **years**
3. **Total Number of Employees (including owners)**

Full-Time:

Part-Time:

Do you have an outside sales force?

[ ] Yes [ ] No

If yes, how many outside people?:

1. **Space Distribution**

Sales floor:       sq. ft.

Warehouse/Storage:       sq. ft.

Yard:       sq. ft.

Office & Administrative:       sq. ft.

Total Square Feet:       sq. ft.

1. **Primary Wholesaler:**
2. **Percent of Sales by Type of Customer**

Consumers/Retail:       %

Builders/Contractors/Remodelers:       %

Industrial/Commercial Accounts:       %

1. **Percent of Sales by Cash:**       %
2. **Estimated Annual Customer Counts (# of sales transactions):**
3. **Net Sales for Most Recent Fiscal Year Ending** 2016: $
4. **Net Sales for Fiscal Year Prior to That Year Ending** 2015: $