

**TravelCenters of America  
Supplier Questionnaire—(Restaurant Product)**

**If you are presenting a food service product to TravelCenters of America for use in their food service operation, please use this form.**

Company Information	
Company Name:	Telephone:
Address:	Fax:
City/State/Zip:	Web page:
Contact/Title:	E-mail address:
Date Business Established:	Dun & Bradstreet Listing No.:
Tax ID No.:	SIC/NASIC Code (if applicable):
Do you manufacture? _____	Do you contract? _____
Are you a: _____ Broker      _____ Distributor      _____ Manufacturer      _____ Manufacturer's Rep.	
Ownership:                      _____ Corporation      _____ Partnership      _____ Sole Proprietor	

Product Information					
Give a brief description of your product(s):					
Brand Name(s):					
Who are your top 3 current accounts?					
	Name	Address	Contact	Phone	Volume/Units
1.					
2.					
3.					
How long has your product been on the market?					
List the sales on your product(s) in dollars, for the past three years:					
	Last Year 20__				dollars
	Previous Year 20__				dollars
	Previous Year 20__				dollars
Are you a member of the Universal Code Council?    Yes    No                      UPC Membership No.					
Do you have EDI (Electronic Data Interchange)?    Yes    No    (Please comment below.)					

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**Product Information**

Please answer the following questions concisely on separate paper, typewritten, one page maximum per question.

1. Explain how this product or service will provide a competitive advantage to TA?
2. List ALL direct and indirect competitive products.
3. List ALL (known) competitive products currently in TravelCenters of America restaurants.
4. What is your product's wholesale price range?
5. What is your largest competitor's price range?
6. What are the advantages of using your product?
7. What are the disadvantages of using your product?
8. Explain how you are working to overcome any inherent disadvantages.
9. Where is your product produced? By whom?
10. Will we, or our agent, be allowed to inspect your production facility? (if no, explain why below).
11. How will your product add speed, accuracy, and/or quality to TA's food service?
12. How will your product save money for TA?
13. Who or what is your direct and indirect competition?

Please list (up to five) the food distributors with which you currently do business, in order from most volume to least.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please provide at least three outside references (not TA employees):

- |                   |          |              |
|-------------------|----------|--------------|
| Corporation Name: | Contact: | Telephone:   |
| 1. _____          | _____    | (____) _____ |
| 2. _____          | _____    | (____) _____ |
| 3. _____          | _____    | (____) _____ |

**Please include with your application a catalog and/or products price list. Thank you.**

**This will certify to TRAVELCENTERS OF AMERICA that the information supplied on this form is true and correct. I will advise TRAVELCENTERS OF AMERICA promptly if any information supplied should change.**

COMPANY: \_\_\_\_\_

CERTIFIED BY: (Signature) \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal packet. All information supplied to us will be kept confidential. Please return this completed questionnaire, along with the other items requested in the Supplier Proposal Guide, to the address shown below. Please do not submit this questionnaire separately.

**SEND YOUR PROPOSAL PACKET TO:**

**TravelCenters of America  
24601 Center Ridge Road Suite 200  
Westlake, Ohio 44145-5639**

**Please specify department:**

*Travel Store  
Repair Shop  
Restaurant  
Motel  
Advertising  
Construction*

**Please specify product type:**

<i>General Merchandise</i>	<i>Supply</i>
<i>Convenience</i>	<i>Equipment</i>
<i>Beverage</i>	<i>Parts</i>
<i>Services</i>	