

CHAIN INFORMATION FORM

GENERAL INFORMATION

Chain Entity: _____
 Street Address: _____
 Phone Number: _____ Fax Number: _____ Website Address: _____
 City: _____ State: _____ Zip: _____

MANAGEMENT TEAM

Current Point Of Contact: _____	Phone: _____	Email: _____
President/CEO: _____	Phone: _____	Email: _____
CFO: _____	Phone: _____	Email: _____
CMO: _____	Phone: _____	Email: _____
CIO: _____	Phone: _____	Email: _____
VP Operations: _____	Phone: _____	Email: _____
VP Purchasing: _____	Phone: _____	Email: _____
Chef/Kitchen Manager: _____	Phone: _____	Email: _____

CONCEPT/BRAND INFORMATION

Concept/Brand Name(s): _____
 Number Of Locations: _____
 Ownership/Operating Structure: Owned Managed Franchised
 3-Year Growth Plan: Owned #: _____ Managed #: _____ Franchised #: _____

FOODSERVICE OPERATING MODEL

Comp Amenity Quick Service Fast Casual Casual Full Service Fine Dining
 Buffet Banquet/Catering Retail Other

FOODSERVICE DAY PARTS

Breakfast Lunch Dinner Late Night

FOODSERVICE DAY PART COVERS

Breakfast #: _____ Lunch #: _____ Dinner #: _____ Late Night #: _____

FOODSERVICE DAY PART AVERAGE CHECK

Breakfast \$: _____ Lunch \$: _____ Dinner \$: _____ Late Night \$: _____

FOODSERVICE ECONOMICS

Food **Current** **Target-Plan**
Food - Beverage Mix %: _____
Annualized Revenue \$: _____
Cost %: _____

Non-Alcoholic Beverage **Current** **Target-Plan**
Annualized Revenue \$: _____
Cost %: _____
Average Check \$: _____

Alcoholic Beverage **Current** **Target-Plan**
Annualized Revenue \$: _____
Cost %: _____
Average Check \$: _____

FOODSERVICE DISTRIBUTOR INFORMATION

Broadline Distributor: Name: _____
Servicing Warehouses: _____
Contract Dates: _____
Termination For Convenience Clause: _____

Annual Prime Distributor Spend \$: _____ Annual Food Spend \$: _____
Per Case: _____ Margin: _____ Blended: _____

Rebate Program or GPO Participation: Y N

Payment Terms: _____

Distributor Brand/Label Goods Purchased %: _____

Drops Per Week #: _____

Average Delivery Size: (Cases) _____ (Dollars) _____

Lowest Delivery Size: (Cases) _____ (Dollars) _____

Average Case Cost \$ (Without Distributor Fee): _____

Drop Size Growth Distributor Brands Annual Conference

Total Proprietary Slots #: _____ Per Warehouse #: _____

FOODSERVICE DISTRIBUTOR PURCHASING INFORMATION (Check All That Apply):

Meats: Fresh Frozen

Poultry: Fresh Frozen

Seafood: Fresh Frozen

Grocery: Fresh Frozen

Dispenser Beverages Soft Drinks Coffee Juice Dairy BIB Cans/Bottles Vending

Paper Supplies

Cleaning Supplies

Smallwares and Small Equipment

Produce: _____

Total Logo Items #: _____ Proprietary Formula #: _____ Branded/Packaging #: _____ Over-Labels #: _____

Special Order Items: Y N

Other Food/Suppliers & Annual Spend (List): _____



RETURN CHAIN INFORMATION FORM TO:

Eric Sieb at The Sieb Organization, Inc. • 3605 North 7th Avenue • Phoenix, AZ 85013

Tel: 1-800-991- SIEB (7432) Ext 101 • Fax: 480-317-0492 or E-mail: eric.sieb@sieb.com