



P. O. Box 561 • Montrose, Colorado 81401 • (970) 249-6360 • Fax (970) 252-8066 • www.montrosemama.org

APPLICATION FOR SECRET SHOPPER PROGRAM – DELUXE BUSINESS QUALITY STANDARDS

Thank you for your interest in the MAMA Secret Shopper Program. Please complete this form and return it to Montrose Area Merchants Association by mail (P. O. Box 561, Montrose, CO 81402) or by fax (970-252-8066). Upon receipt of this completed form, the Secret Shopper will visit your place of business within two weeks (unless a specific later date is requested). You will have the Secret Shopper's report within two weeks of his/her visit. The report for all businesses will include evaluations in the following areas: Parking/Exterior, First Impressions, Associates, Store/Business Appearance, and General Comments. You may call us at (970) 249-6360 with any questions. **Fee is payable to MAMA prior to the "Shop" being scheduled. Fees: Retailers/Merchants = \$50 All Others = \$100**

Name of Business: _____ **Business Phone Number:** _____

Type of Business (circle) **Retail** **Food Service** **Professional Service** **Other:** _____

Address of Business: _____

Mailing Address (if different): _____

Contact Person: _____ **Phone Number:** _____ **Best time to call:** _____

Hours of Operation: _____

Specific Day of Week/Time of Day Requested for Visit by Secret Shopper (you may list more than one option):

_____ day/time _____ day/time _____ day/time
1st Choice **2nd Choice** **3rd Choice** **No specific day or time**

In addition to the above mentioned areas, please check the additional services that apply to your business.

- _____ **Products, Pricing and Placement**
- _____ **Checkout (Shopper will purchase an item valued at \$15 or less)**
- _____ **Additional Facilities - Restrooms, Dressing Rooms, Other:** _____
- _____ **Phone Etiquette**

Please list up to five additional areas/questions to be addressed that are specific or unique to your business:

1. _____
2. _____
3. _____
4. _____
5. _____

Deluxe Service includes one or more of the following:

- Multiple Visits**
- Product Return/Exchange**
- Difficult Shopper**
- **Competitive shopping experience (visit your business and competitor(s) to compare service, pricing, etc.)**
- **Purchase item valued over \$15**
- ** Other: _____**

****Additional fees may apply. Priced according to individual business request, arranged with MAMA staff**

Contact Person's Fax and E-mail: _____

How would you prefer to receive final written report (fax, e-mail, or U.S. mail)? _____

Additional Comments or Concerns: _____

_____	_____
Signature	Date

Printed Name	