Target Market Promotions Form

(See Next Page for Sample Target Market Promotion and Third Page for Filter Choices)

CRM Agent Name/Phone Extension: Shop Name: Contact: Phone: Date:

Headline Text (approx. 50 Characters, or 8 Words)

Hint: Have a Great Headline that gets attention and makes the offer sounds specials and limited. Example: Celebrate Our 20 Year Anniversary With \$20 Off*

Body Copy (approx. 600 Characters)

Current Default Body Copy: Through the end of {month} receive \$20 discount off any regularly priced service. Take advantage of these discounts by calling {shop phone #} today!

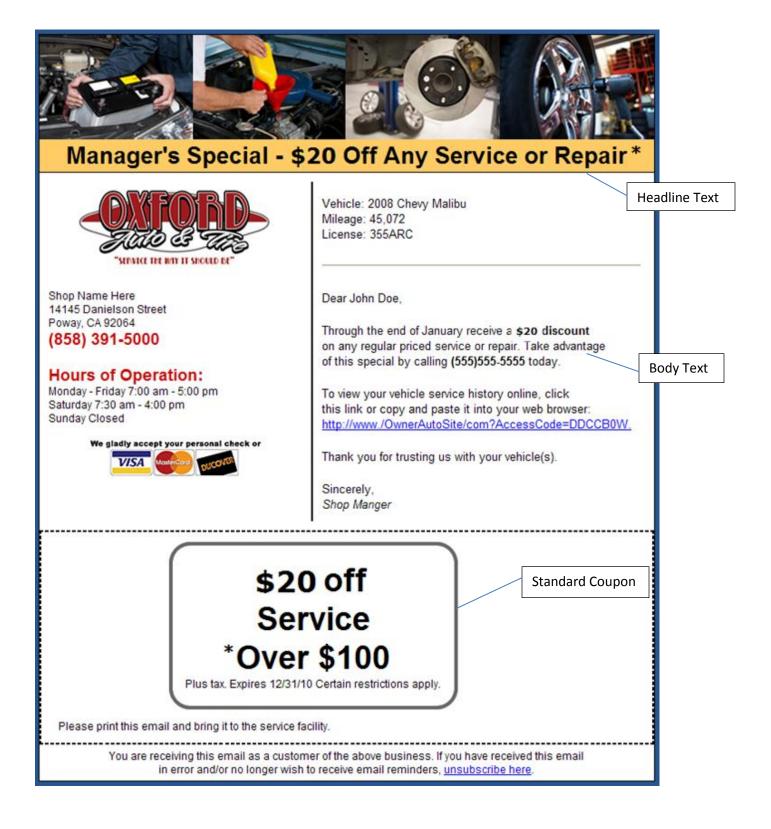
Coupon Standard Coupon Offer (see next page for example):

Default Standard Coupon: \$20 Off Any Service Over \$100.
Hint: Make a Compelling Offer (10% Off or free Oil Changes are generally not your best bet)

Custom	Coupon Graph	cs are available for \$150 Charge - See Agent For Detai	ls
YES		(Check One)	

I would also like	to send Targ	et Market I	Postcards wi	th this Campai	gn: (Additional	l fees will
apply):						
—	—					

 \Box YES \Box NO (Check one)



(check any that apply)

Geography/Zip Codes:

 \Box All

 \Box Specific (If this is your selection, your agent will call to go over your options)

Time Since Last Visit:

- □ All (excludes last 3 months)
- □ All (includes last 3 months)
- \Box 6 months (greater than 180 days)
- □ 9 months (greater than 270 days)
- \Box 12 months (greater than 360 days)
- \Box 15 months (greater than 450 days)
- \Box 18 months (greater than 540 days)

Number of Visits in Last 12 Months:

- 🗆 All
- 0 🗌

 \Box Greater than _____ (specify number of visits)

□ Less than _____ (specify number of visits)

Average \$ Spent per Visit:

- □ Greater than ______ (specify dollar amount) □ Less than ______ (specify dollar amount)

Weeks Since Last Service Reminder or TMP Solicitation:

- \Box All
- □ Greater than _____ (specify amount of weeks)

□ Less than _____ (specify amount of weeks)

Customer by Vehicle Count

🗆 All

□ Equal to or greater than _____ (specify number for vehicles)

□ Less than _____ (special number of vehicles)

Customers registered for OAS

- \Box All
- □ OAS Registered
- □ OAS Not Registered

Vehicle with State Inspection Date

 \Box All

- Between: start date_____ and End Date _____
- □ After _____ (specify date)

Before _____ (specify date)

Estimated Vehicle Miles:

 \Box All

miles)

□ Greater than ______ (specify amount of

□ Less than _____ (specify amount of miles)