



Memory Lane Hallmark
 1350 Galloping Hill Road, Suite D
 Union, NJ 07083



Memory Lane Hallmark Secret Shopper Form

Thanks for being a Secret Shopper at Memory Lane Hallmark. We really appreciate your honest and thoughtful feedback and are pleased to be able to contribute to your organization.

- Spend a minute or two reviewing this form before you go in. That way you'll know what you are looking for and everything will be easier. Remember not to let on that you're participating in the secret shopper program!
- Don't spend too much time considering your answers; let your first impressions guide you. Just be honest. Please feel free to add any feedback you feel might be useful to us. What you think is very important to us!
- Fill out the form, staple the sales receipt to the form and mail it in the enclosed addressed envelope as soon as you get home from your shopping trip. The experience will be fresh in your mind, your responses will be more accurate, and procrastination won't get a chance to set in!

Charitable Group	
Date of Store Visit	Time of Store Visit
Name or brief description of the person who helped you:	

1	Did an associate greet you after you entered the store?	Yes _____ No _____
2	Did the associate seem genuinely interested in helping you?	1 2 3 4 5 Not Helpful Very Helpful
3	Did the associate suggest complementary add-on items or suggest featured items?	Yes _____ No _____
4	Did the associate suggest signing up for the Hallmark Crown Rewards loyalty program?	Yes _____ No _____
5	Did you sign up for Hallmark Crown Rewards?	Yes _____ No _____ I'm Already a Member _____
6	Did the associate suggest signing up for the Memory Lane Email List?	Yes _____ No _____
7	Did you provide your email for Memory Lane emails?	Yes _____ No _____ I'm Already Signed Up _____
8	Did the associate thank you and invite you to come back again?	Yes _____ No _____
9	Was the store environment inviting, neat and tidy?	1 2 3 4 5 Not Inviting Very Inviting
10	Was the cash register area and back bar areas neat and tidy?	1 2 3 4 5 Not Neat Very Neat

11	Were the associates wearing name tags?	Yes _____ No _____
12	Were any associates talking, texting, etc. on cell phones?	Yes _____ No _____
13	How would you rate the selection of merchandise and services?	1 2 3 4 5 Poor Fair Great
14	All in all, how would you rate your shopping experience?	1 2 3 4 5 Poor Fair Great
15	Was this the first time you've ever shopped at Memory Lane Hallmark?	Yes _____ No _____
16	Was your shopping experience so positive you would be inclined to tell a friend about Memory Lane Hallmark?	1 2 3 4 5 Not Likely Very Likely
17	What is the likelihood you will shop at Memory Lane again?	1 2 3 4 5 Not Likely Very Likely

Comments

Follow Up (Optional)

Would you be willing to have a short phone or email conversation about your shopping experience with us?	Yes _____ No _____
If "yes", when is the best time to connect with you?	
Name (optional):	
Phone number (optional):	
Email address (optional):	

Thank you for taking the time to help us! It's very appreciated.

P.S. Please don't forget to include your sales receipt when you return this form