

SALES LEAD SHEET

Date _____

Referred By: _____

Company Name _____

Address _____

City _____ State ____ Zip Code _____

Office # _____

Contact Name: _____ Cell # _____ Email: _____

Contact Name: _____ Cell # _____ Email: _____

Do you have a store-front? _____

Who are you currently buying your floor covering from? _____

Do you have an immediate need ____ Product Desired _____

RETURN THIS FORM TO chenick@southlandfloors.com OR FAX IT TO (954) 973-6333

OFFICE USE: Sales Rep Assigned _____