

DATE:	NEW CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	PHONE:
ITEMS PURCHASED:	
COMMENTS:	
<input type="checkbox"/> THANK YOU CARD MAILED <input type="checkbox"/> TEXT MESSAGE SENT <input type="checkbox"/> 5 & 30 DAY FOLLOW-UP CALL SCHEDULED	
<input type="checkbox"/> FOLLOW-UP CALL COMPLETED <input type="checkbox"/> REFERRAL GENERATED <input type="checkbox"/> ADDITIONAL PRODUCT SOLD	

DATE:	NEW CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	PHONE:
ITEMS PURCHASED:	
COMMENTS:	
<input type="checkbox"/> THANK YOU CARD MAILED <input type="checkbox"/> TEXT MESSAGE SENT <input type="checkbox"/> 5 & 30 DAY FOLLOW-UP CALL SCHEDULED	
<input type="checkbox"/> FOLLOW-UP CALL COMPLETED <input type="checkbox"/> REFERRAL GENERATED <input type="checkbox"/> ADDITIONAL PRODUCT SOLD	

DATE:	NEW CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	PHONE:
ITEMS PURCHASED:	
COMMENTS:	
<input type="checkbox"/> THANK YOU CARD MAILED <input type="checkbox"/> TEXT MESSAGE SENT <input type="checkbox"/> 5 & 30 DAY FOLLOW-UP CALL SCHEDULED	
<input type="checkbox"/> FOLLOW-UP CALL COMPLETED <input type="checkbox"/> REFERRAL GENERATED <input type="checkbox"/> ADDITIONAL PRODUCT SOLD	

DATE:	NEW CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	PHONE:
ITEMS PURCHASED:	
COMMENTS:	
<input type="checkbox"/> THANK YOU CARD MAILED <input type="checkbox"/> TEXT MESSAGE SENT <input type="checkbox"/> 5 & 30 DAY FOLLOW-UP CALL SCHEDULED	
<input type="checkbox"/> FOLLOW-UP CALL COMPLETED <input type="checkbox"/> REFERRAL GENERATED <input type="checkbox"/> ADDITIONAL PRODUCT SOLD	

DATE:	NEW CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	PHONE:
ITEMS PURCHASED:	
COMMENTS:	
<input type="checkbox"/> THANK YOU CARD MAILED <input type="checkbox"/> TEXT MESSAGE SENT <input type="checkbox"/> 5 & 30 DAY FOLLOW-UP CALL SCHEDULED	
<input type="checkbox"/> FOLLOW-UP CALL COMPLETED <input type="checkbox"/> REFERRAL GENERATED <input type="checkbox"/> ADDITIONAL PRODUCT SOLD	

DATE:	NEW CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	PHONE:
ITEMS PURCHASED:	
COMMENTS:	
<input type="checkbox"/> THANK YOU CARD MAILED <input type="checkbox"/> TEXT MESSAGE SENT <input type="checkbox"/> 5 & 30 DAY FOLLOW-UP CALL SCHEDULED	
<input type="checkbox"/> FOLLOW-UP CALL COMPLETED <input type="checkbox"/> REFERRAL GENERATED <input type="checkbox"/> ADDITIONAL PRODUCT SOLD	