

# Client Information Sheet

Rep: \_\_\_\_\_

Initial Contact Date: \_\_\_\_\_

## **Client Information:**

Client: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is this person the decision maker (signature on legal documents)? Yes No

If no, Name of decision maker: \_\_\_\_\_ Phone #: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **Water Usage Information:** (circle answers)

Client is using: Bottled Water Filtration System None Other

Supplier / System: \_\_\_\_\_

Are they under contract: Yes No Invoices Attached: Yes No

# of units or stations \_\_\_\_\_ Monthly Costs \_\_\_\_\_

# Bottles per unit \_\_\_\_\_ Cost per Bottle \_\_\_\_\_

Has the system been cleaned or sanitized? Yes No

Workman s Compensation Claims due to improper lifting of water bottles? Yes No

## **Follow Up Information:**

Did you ask for the order today? Yes No Did you ask for a 7 day trial today? Yes No

Talk to the decision maker today? Yes No Have you been asked for a proposal? Yes No

Follow up date? \_\_\_\_\_ Time? \_\_\_\_\_

With who? \_\_\_\_\_ Purpose of Follow up? \_\_\_\_\_

## **Notes:**

---

---

---

---

---

---

---

---

---

---