

FAX REFERRAL FORM

Date: _____

Potential Customer's Name: _____

Address _____ City _____ State _____

Telephone No: Home _____ Work _____

Best time to call: _____

Customer's Particular Concern: _____

_____ Fade _____ Glare _____ Heat _____ Other _____

What questions did customer ask about film? _____

How many windows? _____ What kind? _____

Did you leave brochures with the customer? _____ Yes _____ No

Your Name: _____

Your Company Name: _____

Your Telephone No.: _____

To help assure credit for your lead, please do not have customer contact us. Rush this lead by fax to 843-342-9664 or mail it to our office at 14A Cardinal Rd, Hilton Head, SC 29926