Lead Coordination Form

All Names of Customers:

Street Address:

City: State: Zip:

Primary Phone Number:

Secondary Phone Number (work/other):

Email Address:

Where did you did you find our company?

Is this an existing customer? Yes No

Referred to our company website for research? Yes No

Reason for calling:

Fuel type in the dwelling:

Gas Residential Equipment:

Electric Commercial Equipment:

Oil Duct Cleaning:

LP Gas Service Agreement:

Accessory Opportunity – Type:

Other:

Preferred appointment time: \_\_\_\_\_\_\_\_ Preferred secondary appointment time:

Comfort Advisor Notes:

Pre-call E-mail Received: Yes No

Confirmed Appointment – Not One-Legger: Yes No

Customer Referred to Financing Options: Yes No

Directions:

Actual Appointment was: Disposition is: Sold : Lost: Pending:

Follow-Up: