

Sales Lead

*This lead was received by the Customer Care Department and requires follow-up.
Our service standard requires that you take action within 48 hours.*

Received By: _____

TSM Assigned: _____

Date: _____

Business and Contact Information

Company Name _____ Market: Healthcare 30
Contact Name _____ Hospitality 35
Contact Title _____ Food Service 15
Address _____ Indirect Sales/Resale 20
City _____ State _____ Government 25
E-Mail Address _____ Retail ID 50
Phone Number _____ Industrial/Commercial 40
Nature of Business _____
Number of Uniformed Employees _____ Number of Locations _____
How did they hear about SUG? _____

Customer Request / Interest

Information Already Provided - Actions Already Taken

Follow Up Requested / Customer Expectation

Emailed TSM Yes No Order Pending
Emailed Leads Central Yes NO Message in your Voicemail
 Catalog Request Call Customer

Notes:

