

**OUTLINE FOR A QUALIFICATION FORM**  
***Show Effort***

NAME \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST : \_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB ADDRESS : \_\_\_\_\_

INTERESTED IN:  PRODUCT "A"  PRODUCT "B"  
 PRODUCT "C"  PRODUCT "D"

HAS REQUIREMENT FOR:  1 to 14  15 to 49  50 to 99  
 100 to 249  Over 250

Does this project have a name? \_\_\_\_\_

Funding will be available:  Now  In 30 days  In 90 days  Next year

Who else must sign off on this requirement?

No one  My Supervisor, name is \_\_\_\_\_  Board of Directors

When do you expect delivery?  60 days from time of order

Partial shipment within 90 days

TBD  Per Agreement

What others members of your group or organization shall I contact?

Who else in your organization would be interested in my products?

What can we meet to finalize on this requirement?

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Is there anything else you requirement from me at this time?

Form completed by: \_\_\_\_\_  
on Day\_\_\_\_, Date: \_\_\_\_\_ Time: \_\_\_\_\_

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