

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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