

PROSPECTING SHEET

Send Media Kit		Yes	No
Client Information			
[YOUR COMPANY NAME]:		Type of Business:	
Company Address:			
City:	State:	ZIP:	Phone:
Contact:		Title:	
Decision-Maker:			
Goals of The Call			
Goals of The Customer			
Ways to Help Customer Fulfill Goals			
Objections of Customer			
Responses to Objections			
Ways to Ensure Customer Satisfaction			