



Client Profile Sheet

Client Name _____ Date _____

Street Address _____

City, State, Zip _____

Sales Contact _____

Telephone _____ Fax _____

Contact E-Mail Address _____

Billing Contact _____

Telephone _____ Fax _____

Source: Referral Leadpool Prospecting Mailer

-If Referral: Name/Company _____

Sales Rep/Reseller _____

Rates: Toll Free-Automated _____ Toll-Automated _____

Toll Free-Op Assisted _____ Toll-Op Assisted _____

Web Conferencing _____ Digital Replay _____

Tapes _____ CD's _____

Participant List _____

For Outward Use Only:

Client Account # _____ Assigned 800 # _____

Assigned Local # _____ Chair Passcode _____

Participant Code _____ Confirmation # _____