

# EQUIPTO

## LEAD GENERATOR (L.G.) LEAD REGISTRATION FORM

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_ Recommended Next Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about the lead? \_\_\_\_\_

What Equipto products may the prospect be in need of? \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please categorize lead according to the criteria below by circling one of the three lead classes.

### LEAD CLASSIFICATION - CHECK ONE OF THE CLASSES BELOW

\_\_\_\_\_ Class I - Has specific need/ project, location, and funding. Extreme High Priority

\_\_\_\_\_ Class II -Has specific need/project but no funding in place yet

\_\_\_\_\_ Class III -Researching product, no specific need/project at this time.

Fee for this Project \_\_\_\_\_ %

L.G.'s Name: \_\_\_\_\_

Equipto Manager : \_\_\_\_\_

L.G.'s Company : \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Approval of Regional Vice President

Signature \_\_\_\_\_