



# Contractor Referral Form

|   |  |                               |  |
|---|--|-------------------------------|--|
| Date:     /     /   |  | The StonePlace Employee Name: |  |
| <i>Residential Project</i>  |  | <i>Commercial Project</i>     |  |
| <b>Customer Name</b>  |  | <b>Project Name</b>           |  |
| <b>Address</b>  |  | <b>Pricing to:</b>            |  |
|   |  | <b>Contact</b>                |  |
| <b>Home Phone</b>   |  | <b>Phone</b>                  |  |
| <b>Work Phone</b>   |  | <b>Fax</b>                    |  |
| <b>Best Time to Contact</b>   |  | <b>Date of Close</b>          |  |
| <i>Scope of Work / Notes<br/>(Ex. driveway? patio?<br/>wall? sq. footage of job?)</i> |  |                               |  |
|   |  |                               |  |
|   |  |                               |  |
|   |  |                               |  |
| <i>Choice of Paver</i>  |  |                               |  |
| <i>Choice of Wallstone</i>  |  |                               |  |
| <i>Desired Installation Date</i>  |  |                               |  |
| <i>What generated this job?</i>   | <input type="checkbox"/> TV Commercial <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Flyer <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other<br>If other, please specify: |                               |  |

| <i>Referral Given To</i> | <i>Date</i> | <i>SPC Rep</i> | <i>How? (phone, fax, etc.)</i> |
|--------------------------|-------------|----------------|--------------------------------|
| 1.                       | / /         |                |                                |
| 2.                       | / /         |                |                                |
| 3.                       | / /         |                |                                |

## Lead Follow Up

|   |  |
|---|--|
| Date:     /     /                       |  |
| <i>Did work go ahead?</i>               |  |
| <i>Who did the work?</i>                |  |
| <i>What product was used?</i>           |  |
| <i>Type of project</i>                  |  |
| <i>How many quotes did you receive?</i> |  |
| <i>By who?</i>                          |  |
|   |  |
| <i>Comments/Recommendations</i>         |  |
|   |  |
|   |  |