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|--|--|---|--|
|    |  | <input type="checkbox"/> General Message <input type="checkbox"/> Measure Request <input type="checkbox"/> Sample Request (4 Max)   |  |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer <input type="checkbox"/> Recommendation |  | <b>For:</b>   |  |
| <b>Messages, Measures &amp; Samples</b>  |  | <b>Date:</b> ___ / ___ / ___ <b>Time:</b> ___ : ___ AM/PM<br>(Date & time of message OR Measure Appointment)  |  |
| <b>Name:</b>   |  | <b>Job No: If applicable</b>  |  |
| <b>Address:</b>  |  | <b>Postcode:</b>  |  |
| <b>Mobile:</b>   |  | <b>Landline:</b>  |  |
| <b>Email:</b>  |  |   |  |
| <b>1:</b> Message / Measure Info / Samples Requested or Borrowed   |  |   |  |
| <b>2:</b>  |  |   |  |
| <b>3:</b>  |  |   |  |
| <b>4:</b>  |  |   |  |
|  |  | <b>Messages</b><br><input type="checkbox"/> Urgent<br><input type="checkbox"/> When possible<br><input type="checkbox"/> Telephoned<br><input type="checkbox"/> Returned call<br><input type="checkbox"/> Please Call<br><input type="checkbox"/> Will Call Again<br><input type="checkbox"/> Came to see you<br><input type="checkbox"/> Wants to see you<br><br><b>Measures</b><br><input type="checkbox"/> Booked in Diary<br><input type="checkbox"/> Fully Fitted<br><input type="checkbox"/> Runner (Info Reqd)<br><input type="checkbox"/> Confirmation Sent<br><br><b>Samples</b><br><input type="checkbox"/> Borrowed<br><input type="checkbox"/> Samples Arranged<br><input type="checkbox"/> Entered on system |  |

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