

**DEALERSHIP
LOGO****Experience The Difference**

Customer Name

First Visit

How did you hear about us?

**Use and Utility****Goals for Today**Product Information Product Demonstration Purchase Information Live Market Appraisal Title Clear 

Current Vehicle

Replacing Adding **Day to Day**

Year _____

Make _____

Model _____

Trim _____

Color _____

Odometer _____

Miles Per Year _____



New Vehicle

Specific Vehicle / Research

New

Preowned

Certified

Year _____

Make _____

Model _____

Trim _____

Color _____

Vehicle Type

Sedan

SUV

Truck

Convertible

Other _____

Color

Lighter Darker

Never _____



LH

MH

Most Important To YouSafety Performance Appearance Comfort & Convenience Economy Reliability **Vehicle Recommendations**

1

Stock # _____

Year _____

Make _____

Model _____

2

3

Drivers License

Best Contact
Email _____

Cell _____

Work _____

