



Branch: DA

Sales Name: Robert

Date : 24/9

Walk in Customer info. must be filled in the below table - Each area is mandatory.

| Date | Customers Name | Phone | How did you find us | Cemetery Name | Funeral Provider | Customers Enquiry <i>Style, Material, Quote price, etc.</i> | Sales Contract Signed YES / NO |
|-------|------------------|-------|---------------------|---------------|------------------|--|-----------------------------------|
| 21/9 | No New Customers | | | | | Working from Home | |
| 22/09 | No New Customers | | | | | Working at DA | |
| 23/09 | No New Customers | | | | | Working at Home | |
| 24/09 | No New Customers | | | | | Working at DA Store | |
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