



QCSS CUSTOMER REFERRAL PROGRAM

Lead Referral Form

Please complete this form and fax it to:
847.229.7047 Attn: Karin Hall

REFERRING PARTY

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about QCSS? _____

PROSPECT / CLIENT INFORMATION

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SERVICES INTERESTED IN

- | | | |
|---|--|--|
| <input type="checkbox"/> Appointment Setting | <input type="checkbox"/> Lead Generation | <input type="checkbox"/> Tele-Selling / Inside Sales |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Seminar Booking | <input type="checkbox"/> Client Reactivation |
| <input type="checkbox"/> Advertising Response | <input type="checkbox"/> Lead Capture | <input type="checkbox"/> Database Cleansing |
| <input type="checkbox"/> Q-PAS | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Surveys |

Program Type:

Inbound Outbound Both

Market:

B2B B2C Both

OPTIONAL INFORMATION:

Have they ever used Call Center Services? _____

Budget: _____

Timeframe: _____

Nature of their business: _____

How else do they advertise / market? _____

