



REFERRAL SLIP

DATE: _____

FROM: _____
TO: _____
Referral: _____
Address: _____
City: _____
State: _____ ZIP: _____
Phone: _____
Email: _____

- Given your card
- Told them you would call

How hot is the lead? Circle One.

Tepid-----Hot
1 2 3 4 5

Comments: _____



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