

# Qualified Lead Form

Please complete the information below and we will respond to your request as soon as possible.



Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Equipment Needs:

Please describe your equipment needs in as much detail as possible. Please include Brand and Model preferences as well as the types of procedures the equipment will be used in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Time Frame for Purchase:

- 30 days or less       1 month to 6 months       6 months to 1 year       more than 1 year

### Equipment Budget:

- \$10,000 or less       \$10,000–\$20,000       \$20,000–\$30,000       \$30,000–\$40,000  
 \$40,000–\$50,000       \$50,000–\$60,000       \$60,000–\$70,000       \$70,000–\$80,000  
 \$80,000–\$90,000       \$90,000–\$100,000       more than \$100,000       prefer not to state/  
unknown

### Type of Facility:

- Private Practice       Surgery       Hospital       Education  
 Government/Military       Dealer/Wholesaler       Other: \_\_\_\_\_

### Do you have a Trade-In or Equipment to sell?

- Yes       No      Description: \_\_\_\_\_

Are you a new customer?       Yes       No

### Please list your specialities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### How did you hear about us?

- Co-worker/Friend       Search Engine       Link from Email       Link from Website  
 Mailer or Postcard       Magazine Ad       Trade Show/Association       Sales Rep

Sales Rep Name (if applicable): \_\_\_\_\_