

CONTACT INFORMATION SHEET (CIS)

Contact: Name _____ DOB _____ Occupation _____
Spouse: Name _____ DOB _____ Occupation _____ Ann _____
Address: _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Fax _____
 Cell _____ Pager _____ Voice Mail _____
Website: _____ Email _____
Children: Name _____ DOB _____ Name _____ DOB _____
 Name _____ DOB _____ Name _____ DOB _____
Interests: _____
Health Concerns: _____
MLM Experience: _____ FT/PT _____ Success _____
Lead Source: _____ **Rating:** _____

DATE	COMMENTS	TOP % OF SALESMAN
		48%
		2 nd Call
		12%
		3 rd Call
		AFTER
		5 th Call
		80% of SALES
		Are made
		10%
		6 th Call

Events Attended (dates): _____

Enrollment: Xango ID# _____ **Checklist: App** _____ **Order** _____ **ADP** _____ **WebSites** _____

Sponsor: (Name, Phone): Personal _____ **Placement** _____

Dates: System _____ **Signup** _____ **48 Hour** _____ **1st Event** _____ **MDPS** _____ **1K** _____

