Prospect Contact and Tracking Form

Ready to Recruit

Initial Contact Date:	Re	ferred by:
Contact Name:		Title:
Contact Address:		
Contact Telephone: (W)	(C)	Email:
Business Name:		Description:
Business Type: Retail	Service/Office	Eating/Drinking Other (
Wants to Open:Immediately	Within 6 months	Within 6 to 12 monthsIn 1 year +
Preferred Location:		
Optimum Square Feet:	Low S	F: High SF:
Interested in Building Purchase?	NoYes M	laximum Purchase Price \$
Interested in Building Lease?	NoYes M	laximum Lease Rate \$
Preferred Lease Terms:		
Willing to Make Building/Leasehold Improvements?NoYes Estimated Budget \$		
Required Amenities:		
[] Private Parking (Number of Spa	aces:)	[] Service Entrance
[] Loading Dock		[] Elevator
[] Alarm System		[] Sprinklers
[] Central Cooling		[] Special Electric Service:
[] High Speed ISP Access		[] High Volume Refuse
[] Other:		
Other Notes / Comments:		
Contact Record:		
Date:	Notes:	
Date:		