

CUSTOMER NEEDS ASSESSMENT (BASIC INFORMATION)

NAME: _____

SALES PERSON NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

PHONE _____ ALT PHONE _____

EMAIL: _____

HOW DO YOU HEAR ABOUT US?: _____

VEHICLE TYPE (WHAT YOU'RE LOOKING FOR AND WANTING)

NEEDS: _____

WANTS: _____

COLOR: _____

CURRENT VEHICLE INFORMATION

YEAR : _____ MAKE: _____ MODEL: _____

MILES: _____ FINANCED WITH: _____

CURRENT PAYMEN: _____ DOWN PAYMENT: _____

TERM/PAY OFF: _____

LIKES: _____

DISLIKES: _____