

LEAD CARD

DES MOINES
HOME
+OUTDOOR
LIVING
SHOW

Circle One:
Fri Sat Sun

Personal Info:

Rate Interest:
Low 1 2 3 4 5 High

Sales Rep: _____

Attendee's Name(s): _____

Address: _____

Phone(s): _____

Best Time to Call: _____

Email: _____

Budget in Mind: \$ _____

Appointment Date for Estimate: _____

Estimated Start Date: _____

Follow Up (if no appt set): _____

Preferred Method of Contact: _____

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