

Prospect Information Sheet

Business Builder's Name: _____

Business Builder's Phone Numbers

Home: _____
 Work: _____
 Fax: _____
 Best Time to Call: _____
 E-mail: _____

Initial Call	Date: _____	Time: _____
Follow Up #1	Date: _____	Time: _____
Follow Up #2	Date: _____	Time: _____
Packet Sent	Date: _____	

Prospect's Information

Best Approach:
 Business _____
 Health _____
 Service/Help _____

Type:
 Analytic _____
 "Driver" _____
 Expressive/Friendly _____

Career:
 Likes Career: Rate 1-10 _____
 Length of time: _____

Strengths : **Rate 1-10**

- _____ People Skills
- _____ Ambitious
- _____ Credibility
- _____ Network in Place
- _____ Hard Worker
- _____ Health Oriented
- _____ Health Challenged
- _____ Weight Problem
- _____ Sports Network
- _____ Sales Experience
- _____ Teaching Exp.
- _____ Coaching Exp.
- _____ Business Savvy
- _____ Management Exp.
- _____ Entrepreneur
- _____ Self Starter
- _____ Organizer
- _____ Recruiter
- _____ Motivator
- _____ High Achiever
- _____ Int'l. Network
- _____ MLM Experience
- _____ Financial Strength

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Name: _____ Age: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Work: _____
 (Spouse)
 Name: _____
 Work: _____

If married: Team Work Good Bad

Health Challenges (Self/spouse/children/family): _____

Proudest Achievement: _____

Biggest Obstacle: _____

Fears: _____

Hot Buttons: _____

Fast Facts: _____

Strategy: _____