

TRACKING FORM **HHH** MONTH: _____ NAME: _____

THIS QUESTION MUST BE ASKED AND FORM MUST BE FILLED OUT BY EACH PERSON THAT HAS CONTACT WITH A PROSPECT/CUSTOMER BY PHONE OR IN- STORE.

HOW DID YOU HEAR ABOUT US?

REFERRAL/FRIEND: _____

SIGN: _____

DRIVING BY: _____

at Home MAGAZINE: _____

INSIDE SCV MAGAZINE: _____

MAGAZINE OF SANTA CLARITA: _____

ELITE: _____

COUPON MAILER: _____

PHONE BOOK: _____

KHTS AM 1220: _____

CABLE TV: _____

DIRECT MAIL: _____

THE SIGNAL: _____

THE DAILY NEWS: _____

BILLBOARD: _____

OTHER: _____

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