

DATE \_\_\_\_\_ INITIALS \_\_\_\_\_ AREA : \_\_\_\_\_ /  
 NUMBER \_\_\_\_\_

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| <p><b>BUSINESS</b></p> <hr/> <p><input type="checkbox"/> RETAIL<br/> <input type="checkbox"/> RESTAURANT<br/> <input type="checkbox"/> OTHER</p> <p>ADDRESS :</p> <p>HOURS :</p> <p>DAYS</p> | <p><b>CONTACT</b></p> <p><input type="checkbox"/> EMPLOYEE<br/> <input type="checkbox"/> MANAGER<br/> <input type="checkbox"/> OWNER</p> <p>NAME _____</p> | <p><b>CONTACT EMAIL :</b> _____ @ _____</p> <p>PHONE :</p> <p>PREFER :</p> <p><input type="checkbox"/> CALL<br/> <input type="checkbox"/> TEXT<br/> <input type="checkbox"/> EMAIL</p> | <p><b>COMMENTS / INFO</b></p> <p><input type="checkbox"/> ALOHA PACKAGE<br/> <input type="checkbox"/> PLACARD<br/> <input type="checkbox"/> EMPLOYEE PACKAGE</p> <p>RESPONSE</p> <p><input type="checkbox"/> NEGATIVE<br/> <input type="checkbox"/> NEUTRAL<br/> <input type="checkbox"/> POSITIVE<br/> <input type="checkbox"/> POSITIVE PLUS</p> <p><input type="checkbox"/> FOLLOW UP DATE ____/____/____</p> <p>NOTES :</p> |
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