



ATTACHMENT A

Agent Customer Referral Form

Submitter's Company: \_\_\_\_\_

Address: \_\_\_\_\_

Submitter: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Customer Lead Information:

Company Name: \_\_\_\_\_

Industry: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Decision Maker: \_\_\_\_\_

Current Service Provider: \_\_\_\_\_

Customer Extension Size: \_\_\_\_\_

SPARK Sales Representative: \_\_\_\_\_

Do you want Sales Rep Ride Along? \_\_\_\_\_

Services to Offer, i.e. 3CX VoIP, Internet, Computer Repair, SIP Trunks, Equipment,  
IT Services, Web Services, Structured Cabling:

\_\_\_\_\_