

Lead qualification form

Name: _____

Company Name: _____

Title: _____

Length of conversation: <5 min <10 min 10+ min

Current customer? YES NO

 If No: Familiar with us? YES NO

Interested in: _____

Problem to solve: _____

Uses competitor's product: YES NO

 If Yes, which one? _____

 Satisfied? YES NO

Looking for solution within 6 months? YES NO

Budget? _____

Follow up: Please check all that apply

Call

Personal email

Send materials

Generic thank you email

Other notes: _____
