

# Wholesaler Referral Form



Date (wholesaler recommended to retailer) \_\_\_\_\_

Program Interest: \_\_\_\_\_

Store Name \_\_\_\_\_

Store Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

1st Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
FIRST & LAST NAME

2nd Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
FIRST & LAST NAME

**EMAIL REQUIRED:** \_\_\_\_\_

Store Type  Grocery  Convenience Store  Other \_\_\_\_\_

Number of Stores  Single  Multiple Discussed with Owner  Yes  No

Demo Requested  Yes  No Current Hot Food Distributor \_\_\_\_\_

**CURRENT DELI EQUIPMENT**

Exhaust Hood  Yes  No

Fryer  Yes  No Existing Brand \_\_\_\_\_

Hotcase  Yes  No Existing Brand \_\_\_\_\_

Oven  Yes  No Existing Brand \_\_\_\_\_

Existing Chicken Program \_\_\_\_\_

Existing Mexican Program \_\_\_\_\_

Existing Pizza Program \_\_\_\_\_

**CURRENT CHALLENGES**

- |                                                    |                                                        |
|----------------------------------------------------|--------------------------------------------------------|
| Labor, Hiring & Retention <input type="checkbox"/> | Product Quality & Consistency <input type="checkbox"/> |
| Sales & Profitability <input type="checkbox"/>     | Training & Ongoing Support <input type="checkbox"/>    |
| Competition <input type="checkbox"/>               | Marketing & Promotions <input type="checkbox"/>        |

**GRITT** *Summit*

Invited to attend?

Yes  No

**LEAD SOURCE - REQUIRED FOR ALL WHOLESALER LEADS**

Sales Representative \_\_\_\_\_ Wholesaler \_\_\_\_\_ Division \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Notes & Suggestions