

NEW ACCOUNT LEAD

HLA

Date: \_\_\_\_\_

Taken by: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone# \_\_\_\_\_

Name of Location: \_\_\_\_\_ Type of Location \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Coffee questions: Do they carry breakfast foods? \_\_\_\_\_

What time do they open? \_\_\_\_\_

Do they sell coffee currently? \_\_\_\_\_

If they sell coffee, what company do they purchase it from?  
\_\_\_\_\_

Comments: \_\_\_\_\_

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Assigned to Sales Person: \_\_\_\_\_

**PLEASE GIVE COMPLETED FORM TO ANNETTE**