

Lead Pass Form

Complete the form below or supply the Prospective Customer Information, shower location and leakage remarks on your own letterhead, print and sign. Then; fax it to: 1300 763 397.

(Confirmation of this request will be sent to the below fax or email)

Referring Client Information

URGENT: Yes No

Today's Date: _____

APPRAISAL / QUOTE REQUIRED: Yes No

Order No: _____

REFERRAL ONLY DEAL DIRECTLY WITH Yes No

Name: _____

PROSPECTIVE CUSTOMER / RESIDENT / SITE INFORMATION:

PROPOSED APPOINTMENT DATE _____

Company: _____

PROPOSED APPOINTMENT TIME _____

Address: _____

Suburb/Town: _____

State: _____ Post Code: _____

Phone Number: _____ Fax Number: _____ Mobile Number: _____

Email Address: _____

Shower Location: Main Ensuite Other _____ Ground Floor 1st Floor Other _____

Shower Type: Ceramic shower Stone shower Shower/Bath Bath Spa Bath

Leakage Remarks:

Prospective Customer / Resident / Site Information

Name: _____ Company: _____

Address: _____

Suburb/Town: _____

State: _____ Post Code: _____

Phone Number: _____ Fax Number: _____ Mobile Number: _____

Authorized representative of your company signature: _____