

# Hospital Sales Call Pre-Plan

## Account Information

Plan Date: \_\_\_\_\_ Visit Date: \_\_\_\_\_

Account Name: \_\_\_\_\_ Main Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Type Of Call

- ☐ New Account ☐ New Shop/Dept. - (See Side 2) ☐ Dormant Account  
☐ Revisit Shop/Dept. ☐ Upper Mgmt. Call ☐ Purchasing Call

## Products to Show

_____	_____
_____	_____
_____	_____

## Notes

_____
_____
_____

## Product Demos

Section	Part Number	Product
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

## Service /Equipment Maintenance

_____
_____

## Special Programs

- ☐ OPP ☐ Loyalty Discount ☐ Email Blast ☐ Work Order ☐ Survey

## Close

Next Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_

Customer Referral: \_\_\_\_\_ New Agent Referral: \_\_\_\_\_



EXCEPTIONAL PRODUCTS, SERVICE AND INNOVATIVE SOLUTIONS

5250-A Naiman Parkway . Solon . OH 44139

090112

1-800-BUY-BOLT . Fax: 631-567-2418 . www.chromate.com

LIT21335

# Where and Who to Sell



LOCATION	WHO TO SEE	LEAD ITEMS
Purchasing	Purchasing Manager Name: _____ Phone: _____	Location: _____ Email: _____
Maintenance	Maintenance Superintendent Name: _____ Phone: _____	Drill-Tap Combo, Security Bit Driver Location: _____ Email: _____
Skilled Trades Shops	Lead Carpenter Name: _____ Phone: _____	Pro Drills™, Anchors, Recip Saw Blades Location: _____ Email: _____
	Lead Electrician Name: _____ Phone: _____	Pro Drills™, RazorQwik™, Thread Restorer, Sure Seal Location: _____ Email: _____
	Lead Plumber Name: _____ Phone: _____	Pro Drills™, RazorQwik™, Auto Load Knife, Ratchet Pipe Cutter Location: _____ Email: _____
	HVAC Name: _____ Phone: _____	Pro Drills™, RazorQwik™, Auto Load Knife, Ratchet Pipe Cutter Location: _____ Email: _____
Boiler Plant	Chief Name: _____ Phone: _____	Pro Drills™, Thread Restorers, RazorQwik™ Location: _____ Email: _____
Buildings and Grounds	Head Grounds Keeper Name: _____ Phone: _____	Pro Drills™, Security Bit Driver, Fusion Seal Location: _____ Email: _____
Fleet/Garage	Head Mechanic Name: _____ Phone: _____	Pro Drills™, RazorQwik™ Location: _____ Email: _____
Bio Med	Head of Lab Name: _____ Phone: _____	Pro Drills™, Machine Screws, Legres Location: _____ Email: _____
Public Safety/Parking	Dept Head Name: _____ Phone: _____	Pro Drills™, Security Bit Driver, Fusion Seal Location: _____ Email: _____
Laundry	Head Laundry Name: _____ Phone: _____	Pro Drills™, Fusion Seal Location: _____ Email: _____



EXCEPTIONAL PRODUCTS, SERVICE AND INNOVATIVE SOLUTIONS

5250-A Naiman Parkway . Solon . OH 44139

090112

1-800-BUY-BOLT . Fax: 631-567-2418 . www.chromate.com

LIT21335