

Salon/Stylist Lead Sheet

Salon/Stylist Name: _____

Address: _____

Company's Phone # _____ Company's Fax # _____

Company Website: _____

Contact's Name: _____

Contact's Email: _____

Contact's Phone: _____ Contact's Position: _____

List below history of all contacts made:

Date	What Happened (Who, Why, What, Where, When)	F/U Date	Trans to Tickler

Continue on Another Page if Necessary

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