

AAMCO Transmission and Total Car Care - LEAD REPORT

Date	RO#	Customer	Year	Make	Model	Symptom	Day	Time			
1											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
2											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
3											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
4											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
5											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
6											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
7											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
8											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
9											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
10											
Cell #		Hm/Work#		C1 C2 C3 M1 Customer Type	Starting at: \$ _____	Call back: \$ _____					
Week Ending / /		CSM Name		Phone Leads		Internet Leads		Walk in Leads		Total Leads	
Lost Leads		No Shows		VCC/IVC Performed		Futures <small>(at w/e, move to next week DCF)</small>		Net Leads <small>(Total-Future)</small>		Conversion % <small>(VCC / Net Leads)</small> _____ %	