

SALES CALL REPORT Tel. ___ Visit ___ Visit Date _____ CC:PAD/CJA/WFD/JHJCD/FILE/PARA/LPS/LPB

Salesman: _____ Date: _____ F/U Date Required: _____

Contact: _____ Position: _____

Company: _____ Telephone: _____

Address: _____ Fax: _____

_____ Country: _____

City: _____ State: _____ Zip: _____

Web site: _____

email: _____

Description: _____

Action Required: _____

General Operating Specifications:

Machine: _____ Material: _____