

Client Referral Form

Referring Person's Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Company Name (if applicable): _____

Relationship to Spot Check Services: Shopper Client Other _____

Prospect's Information:

Company Name: _____

Industry: Retail Food/Beverage Hotel/Hospitality Bank/Financial/Insurance Automotive
 Mining/Construction/Oil Health Services/Medical/Dental/Optical Entertainment Grocery/Pharmacy
 Salon/Spa/Fitness/Tanning Sports/Leisure Post Office/Shipping/Print/Copy Cellular/Communications
 Travel/Tourism Photography Gas Station Other: _____

Geographic Location: All Canada All US Global Specific Areas Only (ex. AB and BC):

_____ Number of Locations: _____

Contact Name: _____

Contact Position/Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Relationship to Reference: Friend Family Employer Supplier/Vendor Colleague Other _____

Tools of Interest:

Mystery Shopping Website Evaluations Phone Shops Online Surveys ID Compliance/Integrity
 Competition Shopping Product Placement/Promotion Compliance Employee Surveys Site Inspections
 Online Reporting Other _____

Areas of Focus/Primary Use:

Customer Service Merchandising HR/Personnel Management Maintenance ID Compliance
 Health & Safety Brand Consistency Loss Prevention Incident Reports Equipment Inspections
 Quality Control Security Policy and Procedure Compliance Store Visits Other _____

Submit