

STORE Stamp/Card

Mandatory Confirmation Call:

Spoke with: _____

Date/Time of call: _____



Product: _____ **Date of DEMO:** _____ **Time:** _____

Account's Necessary Information:

Store Name: _____ Account Phone: _____

Full Account Address: _____
(city, state, zip) _____

Products Used for Demonstration: _____

Size: (ml/Type): _____ # of bottles _____
Size: (ml/Type): _____ # of bottles _____

Products Sold for Demonstration: (# of bottles SOLD & the different sizes)

Size: (ml/Type): _____ # of bottles _____
Size: (ml/Type): _____ # of bottles _____

Product Display: Yes _____ No _____

Regular Price: \$ _____ Sale Price: \$ _____ # of Consumer's Sampled: _____

Store Traffic: High _____ Medium _____ Low _____

Comments: _____

Demonstrator's Name (please print): _____

Demonstrator's Signature: _____

Manager's/Rep's Name (please print): _____

Manager's/Rep's Signature: _____

Name of Person you left the used bottles with: _____

****ATTENTION: Forms MUST be submitted to the office WITHIN 3 BUSINESS DAYS of Demo or payment of demo is FORFEITED.****

****INCOMPLETE FORMS WILL NOT BE PROCESSED & PAID UNTIL CORRECTED.****

You may Scan & Email forms to Forms@Signature-Concepts.com or FAX completed forms to:

Signature Concepts
P.O. Box 48633 • Tampa, Florida 33646

Phone: 813.287.1380 • FAX: 813.349.2024