

Prospect Profile

Connection Record Form

Contact Name:			
First Contact Date:			
When/Where/How Did you Meet?	<input type="checkbox"/> JPC Lead	<input type="checkbox"/> Referral	<input type="checkbox"/> Other
Phone:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Text ok?
Address Street:	Career:		
City:	State:	Zip:	
Email:	<input type="checkbox"/> FB (y/n)		
Spouse:	Children? (Names/Ages):		
Health Concerns/Issues:			
Primary Interests:	<input type="checkbox"/> Juice Plus+	<input type="checkbox"/> Omega	<input type="checkbox"/> Shred10 <input type="checkbox"/> TG <input type="checkbox"/> Business

<p>F.O.R.M Art of Communication (Asking Clarifying Questions)</p> <p>F: FAMILY Ask about theirs and tell them about yours</p> <p>O: OCCUPATION Ask them about their job. Compare notes on how your jobs differ/compare</p> <p>R: RECREATION Ask them what they do for fun...sports/hobbies/volunteer work. Talk about what you have in common.</p> <p>M: MONEY/MOTIVATION Ask how they feel about where they are in life right now. Ask where they want to be in 5 years? Share "30 Reasons We Love our JP Business" sheet... some of the reasons are based on RESPONSIBILITY of sharing our passion to touch future generations with health...some are geared towards future planning for The JP+ Company career and NMD benefits ...some for college/vacation/retirement or more TIME with family. Help them find a WHY for JP and/or business.</p>	<p><u>Product/Business Resources</u></p> <p>Product Websites:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Product Videos:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Business Videos:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Brochures etc.:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Other Materials Given:</p> <p style="text-align: center;"><u>Order Info</u></p> <p>Start Date:</p> <input type="checkbox"/> Shred10™ <input type="checkbox"/> Trio Capsules <input type="checkbox"/> Trio Chewables <input type="checkbox"/> O/G Capsules <input type="checkbox"/> O/G Chews <input type="checkbox"/> Omega Blend <input type="checkbox"/> Complete Shake <input type="checkbox"/> Complete Bars <input type="checkbox"/> Tower Garden <input type="checkbox"/> CHS
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Notes on back →