

# Customer Enquiry Form



## Contact Information

Surname	<input type="text"/>	First Name	<input type="text"/>	Title	<input type="text"/>
Partner	<input type="text"/>	Postcode	<input type="text"/>		
DOB	<input type="text"/>	Address	<input type="text"/>		
Mobile	<input type="text"/>		<input type="text"/>		
Home	<input type="text"/>		<input type="text"/>		
Business	<input type="text"/>		<input type="text"/>		
Email	<input type="text"/>				
Preferred Contact Method	<input type="text"/>	- Time	<input type="text"/>		

Does the customer agree to be contacted?	Yes	<input type="text"/>	No	<input type="text"/>
FSA statement given to customer?	Yes	<input type="text"/>	No	<input type="text"/>

## Budget

How do you normally buy your car?	Dealer Finance	<input type="text"/>	Personal Loan	<input type="text"/>
What are your current monthly payments?	<input type="text"/>			
So, for your new car, how much were you thinking of?	Total	<input type="text"/>	Month	<input type="text"/>
	Up to	<input type="text"/>	For your perfect car	
In addition to your car, how much cash input do you want to include?	<input type="text"/>			

What is more important to you?

Cost to Change	<input type="text"/>	Monthly Payments	<input type="text"/>
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## Part Exchange

Make	<input type="text"/>	Registration	<input type="text"/>		
Model	<input type="text"/>	Variant	<input type="text"/>		
Chassis No	<input type="text"/>	Date of Registration	<input type="text"/>		
MOT Expiry	<input type="text"/>	RFL Expiry	<input type="text"/>		
Next Service Due?	<input type="text"/>				
Master Key		Yes	<input type="text"/>	No	<input type="text"/>
Spare Key		Yes	<input type="text"/>	No	<input type="text"/>
Service History Checked?		Yes	<input type="text"/>	No	<input type="text"/>
Locking Wheel Nut Key?		Yes	<input type="text"/>	No	<input type="text"/>

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Extras

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## The Car

What is the most important feature of your next vehicle?

Style	Performance	Safety	Economy	Practicality	Value for Money

What Features do you like about your current car?

What don't you like, or would like to change?

What other brands, if any, are you considering?

Make	<input type="text"/>	Model	<input type="text"/>
Make	<input type="text"/>	Model	<input type="text"/>
Make	<input type="text"/>	Model	<input type="text"/>

## About You

What Car are you interested in?

New	Used
<input type="text"/>	<input type="text"/>
Make	Model/Variant
<input type="text"/>	<input type="text"/>
Fuel	Transmission
<input type="text"/>	<input type="text"/>

What has bought you into the dealership today?

Have you purchased from us before?

Yes  No

What has bought you into the dealership today?

Apart from you, who else will be driving the car?

Approximately, how many miles do you drive each year?

How long do you plan to keep your new car?

Approximately, how often do you change your car?