



LEGEND INCORPORATED

New Business Call Report

Date		Your initials _____	
Company			
Address			
City/State/Zip			
Telephone	Fax	Internet	
Contact		Contact email	

Comments

Follow-up recommendation(s):	
<input type="checkbox"/> Letter <input type="checkbox"/> Gift <input type="checkbox"/> Call back on _____ <input type="checkbox"/> Spec Advertisement	
<input type="checkbox"/> Email <input type="checkbox"/> Guest Site <input type="checkbox"/> Other _____	