

Internal Lead Form

Use this form to enter information from a potential lead that you have spoken with if they called into another department or your own reference. We use this form to pass the information on to the Sales team.

Do not use these forms to share highly-sensitive or confidential information. Private company information and / or financial information are confidential and should only be shared by and with the appropriate parties.

Lead Code:(Office Use)

Date:

Your Name: * (Lead Generator Name)		Your Employee Code:*	
Contact Name (Lead) *		Company Name	
Contact Designation		Sourced From Relationship Of The Lead	
Origin		Destination	
Mode Of Transport (Use ✓)	<input type="checkbox"/> AIR <input type="checkbox"/> SEA <input type="checkbox"/> LAND	Export/Import (Use ✓)	<input type="checkbox"/> EXPORT <input type="checkbox"/> IMPORT
Terms Of Transport (Use ✓)	<input type="checkbox"/> (CFR) C&F COST AND FREIGHT <input type="checkbox"/> (CIP) CARRIAGE AND INSURANCE PAID TO <input type="checkbox"/> (CPT) CARRIAGE PAID TO <input type="checkbox"/> (CIF) COST, INSURANCE AND FREIGHT <input type="checkbox"/> (DAP) DELIVERED AT PLACE <input type="checkbox"/> (DAT) DELIVERED AT TERMINAL <input type="checkbox"/> (DDP) DELIVERED DUTY PAID <input type="checkbox"/> (DDU) DELIVERY DUTY UNPAID <input type="checkbox"/> (EXW) EX WORKS <input type="checkbox"/> (FAS) FREE ALONGSIDE SHIP <input type="checkbox"/> (FCA) FREE CARRIER <input type="checkbox"/> (FOB) FREE ON BOARD <input type="checkbox"/> (SVC) SERVICE CARGO	Logistics Services / Solutions Required * (Use ✓)	<input type="checkbox"/> Air Express Courier <input type="checkbox"/> Air Express Courier(Door-Door) <input type="checkbox"/> Air Freight Export <input type="checkbox"/> Air Freight Import <input type="checkbox"/> Antiques <input type="checkbox"/> Break Bulk <input type="checkbox"/> Clearance and Delivery <input type="checkbox"/> Cross Trade Shipments <input type="checkbox"/> Dangerous Goods/Haz Mat <input type="checkbox"/> Events and Exhibition <input type="checkbox"/> Fine Art <input type="checkbox"/> Ocean Freight Export <input type="checkbox"/> Ocean Freight Import <input type="checkbox"/> Project Cargo <input type="checkbox"/> Relocations/Household Goods <input type="checkbox"/> Road Freight Export <input type="checkbox"/> Road Freight Import <input type="checkbox"/> Warehousing
Email		Contact No. /Mobile No. *	
Landline No.		Address	
State		Country	
Zip Code		PO Box	

Description/Comment *

Description/Comment