

Buyer Information Form

Identify the areas you feel are valuable for you to know and to be kept current.

Creation Date: _____ Last Updated Date: _____

Buyer Information:

Name: _____

Nickname: _____

Job title/position: _____

Company name: _____

Company address: _____

Home address: _____

Home phone: _____ Business phone:/fax _____

e-Mail: _____

Social media: _____

Birth date: _____

Family: _____

Hobbies/recreational pursuits: _____

Physical conditions, such as back problems, etc.: _____

How does buyer like to be contacted?:
(phone, fax, in person, letter, e-mail, etc.) _____

Preferred time of day or week for contact: _____

Secretary's name: _____

Assistant's name: _____

Other: _____

New Buyer

Are there any moral or ethical issues involved in working with this buyer?: _____

Does the buyer feel any obligation to you, the company or to the competition?: _____

Does the sales proposal you're making require the buyer to change a habit or do something unusual?: _____

Is the buyer overly concerned about the opinion of others?: _____

Are they very self-centered? Are they ethical?: _____

What are the key problems the customer sees?: _____

What are the priorities of the buyer's management? Any conflicts between buyer and their management?: _____

Can you help with these problems? How?: _____

What competitors does the buyer work with?: _____

How close is this relationship?: _____

What suppliers to the buyer do we know?: _____

Other: _____
