

Trigger Sheet: Business to Consumer



Your Company Name: _____

Your Name: _____ Your Phone: _____

Name: _____ Phone: _____ Date: _____

DIRECTIONS: Please circle if you know someone with the need or want, characteristics, or the relationship. Circle 1 if you do not know them well. Circle 5 if you know them very well.

		Rate	Name
1	Need or Want	1 3 5	
	Characteristics	1 3 5	
	Relationship	1 3 5	
2	Need or Want	1 3 5	
	Characteristics	1 3 5	
	Relationship	1 3 5	
3	Need or Want	1 3 5	
	Characteristics	1 3 5	
	Relationship	1 3 5	

Referral Partners

Category or Title	Rate	Name
1.	1 3 5	
2.	1 3 5	
3.	1 3 5	
4.	1 3 5	



Your Company Name: _____

Your Name: _____ Your Phone: _____

Triggers (What to Look and Listen for)

Conversation Starters (Questions to Ask)

What to Say if There Is a Need

Unproductive Referrals