

CUSTOMER NEEDS ANALYSIS CHECKLIST

Existing customer ☐ New customer ☐ WI ☐ PI ☐ INT ☐ Referral SP _____ DATE _____

Customer Name _____

Preferred contact details _____

Email _____

Suburb _____

Occupation _____

Desired vehicle	Vehicle to trade
What has prompted you to consider the purchase <div></div>	Make <div></div>
What is important to you in the new vehicle <div></div>	Model <div></div>
<div><input type="checkbox"/> Safety <input type="checkbox"/> Performance <input type="checkbox"/> Appearance <input type="checkbox"/> Comfort <input type="checkbox"/> Economy <input type="checkbox"/> Warranty</div> <div></div>	Klms <div></div>
Criteria <div></div>	When purchased <div></div>
Specific features <div></div>	Has it been a good car for you Y <input type="checkbox"/> N <input type="checkbox"/> <div></div>
Accessories required <div></div>	Likes and dislikes <div></div>
Preferred time for purchase and delivery <div></div>	<input type="checkbox"/> Finance owing <div></div>
Notes <div></div>	<input type="checkbox"/> Paint and fabric protection <div></div>
	<input type="checkbox"/> Tint <div></div>
	<input type="checkbox"/> Additional Warranty <div></div>
	<div></div>
	Budget <div></div>
	Finance options <div></div>
	Repayments <div></div>