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	**Make**
What is important to you in the new vehicle	**Model**
□ **Safety** □ **Performance** □ **Appearance** □ **Comfort** □ **Economy** □ **Warranty**	**Klms**
Criteria	**When purchased**
Specific features	**Has it been a good car for you Y □ N □**
Accessories required	**Likes and dislikes**
Preferred time for purchase and delivery	□ **Finance owing**
	□ **Paint and fabric protection**
	□ **Tint**
	□ **Additional Warranty**
	Budget
	Finance options
	Repayments

Notes