|  |  |  |
| --- | --- | --- |
|  | **Date:** |  |
|  |

|  |
| --- |
| Location Information |
|  | Customer No: |   | Customer Name: |  |  |
|  | City: |  | State: |  | Region Code: |  |  |
|  | Branch Manager: |  |  |
|  |
|  |
|  |
|  | Employee Name | Job Title | Email Address | Cell Phone | Trained |
| 1 |  |  |  |  | Yes / No |
| 2 |  |  |  |  | Yes / No |
| 3 |  |  |  |  | Yes / No |
| 4 |  |  |  |  | Yes / No |
| 5 |  |  |  |  | Yes / No |
| 6 |  |  |  |  | Yes / No |
| 7 |  |  |  |  | Yes / No |
| 8 |  |   |   |   | Yes / No |
| 9 |  |   |   |   | Yes / No |
| 10 |  |  |  |  | Yes / No |
| 11 |  |  |  |  | Yes / No |
| 12 |  |  |  |  | Yes / No |
| 13 |  |  |  |  | Yes / No |
| 14 |  |  |  |  | Yes / No |
| 15 |  |  |  |  | Yes / No |
| 16 |  |  |  |  | Yes / No |
| 17 |  |  |  |  | Yes / No |
| 18 |  |  |  |  | Yes / No |
| 19 |  |  |  |  | Yes / No |
| 20 |  |  |  |  | Yes / No |
|  |

*\*Please fill in complete company roster regardless if they have been trained or not\**

|  |  |  |  |
| --- | --- | --- | --- |
| Territory Manager: |  | Date: |  |