



# GREAT 8 CLIENT REFERRAL SHEET

/ /  
Today's date



Gift Description:

Number of Contest Entries: \_\_\_\_\_

**Gift Recipient:** \_\_\_\_\_ **Tel #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_ Street Address \_\_\_\_\_ ~ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**Metro Representative:** \_\_\_\_\_ Metro Code #: \_\_\_\_\_

**Metro Trainee:** \_\_\_\_\_ Metro Code #: \_\_\_\_\_

All **eight** names are required with all the **bolded** fields filled out to receive the gift. If address is unknown, just having the city and state will be acceptable. Please inform all names that you will refer, that a Metro® Representative or a Metro® affiliate will be calling them.

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred #**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ ~ State \_\_\_\_\_ ~ Zip Code \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ Appointment Date \_\_\_\_\_ & Time \_\_\_\_\_

**Must Be Returned to Corporate within 7 Business Days to mygreat8@metropa.com.**