



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.