Alsons Properties
CALL SLIP

Date: _____

Name of Prospect: _____ Age: _____
Last *First* *Middle*

Citizenship: _____ Spouse (if married): _____

Occupation: _____ Business Establishment: _____

Residence Address: _____ Tel. Nos.: _____

Business Address: _____ Tel. Nos.: _____

Project/s Interested in: _____ Lot/s: _____ Block No.: _____ Phase: _____

_____
Signature of Prospect

_____
Alsons Property Associate

Note: Full accomplishment of this form is a prerequisite for booking.
This call slip is valid 30 days upon office validation.

Noted by:

Received by: _____
Signature / Date / Time

ERIC D. DE LA COSTA
Marketing & Sales Director