



## TEMPLATE - DIRECT SALES

Location: **⚠️ Invalid Location: Cannot be blank**  
Shopper: dhartsfi2      Hartsfield, Dacey [ID: 444143]  
Date:  /  /  **⚠️ Invalid Date: Cannot be blank**  
Time:  :  **⚠️ Invalid Time: Cannot be blank**



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888.750.8585

## ENVIROMENT/ATMOSPHERE

### EXTERIOR

- 1. SIGNAGE CONDITION: Was the exterior signage in good condition?** (required)  N/A
- Yes  
 No
- 2. SIGNAGE VISABILITY: Was the signage easy to read?** (required)  N/A
- Yes  
 No
- 3. EXTERIOR DISPLAYS: Were the displays outside of the center attractive and in good repair?** (required)  N/A
- Yes  
 No
- 4. GENERAL CONDITION: Please rate the location's overall exterior condition.** (required)
- N/A  0  1  2  3  4  5  6  7  8  9  10

Please explain your answers to all questions in this section. (required)

### INTERIOR

- 1. SIGNAGE CONDITION: Were all of the interior signs professional and in good condition?** (required)  N/A
- Yes  
 No

2. SIGN HOLDERS: Were the sign holders neat and intact? (required)  N/A

- Yes
- No

3. DISPLAY CONDITION: Were all of the displays visible, clean and in working order? (required)  N/A

- Yes
- No

4. COLLATERAL CONDITION: Were all of the pamphlets or signs visible and in good repair? (required)  N/A

- Yes
- No

5. WORK AREAS: Were visible work and desk top areas, neat, and free of clutter? (required)  N/A

- Yes
- No

6. SENSORY COMFORT:

A. Was the video and audio turned on? (required)  N/A

- Yes
- No

B. Was the temperature set to a comfortable level? (required)  N/A

- Yes
- No

C. Were the lights working? (required)  N/A

- Yes
- No

7. GENERAL CONDITION: Please rate the location's overall interior condition, paying attention to floors, chairs, displays, trash containers and glass partitions. (required)

N/A  0  1  2  3  4  5  6  7  8  9  10

Please explain your answers to all questions in this section. (required)

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## MANAGEMENT ACCOUNTABILITY

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### TEAMWORK

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1. TRAFFIC: How many customers were in line ahead of you (please include yourself)?

N/A

2. STATIONS: How many stations were open?

N/A

3. WAIT TIME: From the moment you entered the line, how long did it take for you to meet with your representative (in minutes)?

N/A

 :  

4. ACKNOWLEDGEMENT: Were representatives greeting and acknowledging customers, as appropriate, when they arrived and while waiting in line for assistance? (required)  N/A

- Yes
- No

**5. ACCOUNT SAFETY: Was adequate space made available so you felt comfortable sharing information about your account?**

(required)  N/A

Yes

No

**6. PROFESSIONAL IMAGE: Were representatives neat, clean and well-kept?** (required)  N/A

Yes

No

**7. UNIFORMS: Were representatives wearing uniforms, including name tags?** (required)  N/A

Yes

No

**8. PROFESSIONAL BEHAVIOR: Did you note any instance where staff members behaved inappropriately?** (required)  N/A

Yes

No

**Please explain your answers to all questions in this section.** (required)

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## REPRESENTATIVE

**Representative's Name:**

N/A

**Representative's Description:**

**A. Gender:** (required)  N/A

Male

Female

**B. Height:** (required)  N/A

Short

Average

Tall

**C. Hair Color:** (required)  N/A

Brown

Black

Grey

Red

Blonde

Other

**D. Glasses:** (required)  N/A

Yes

No

**E. Clothing / Attire:** (required)

N/A  0  1  2  3  4  5  6  7  8  9  10

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## ATTITUDE

**1. WAIT ACKNOWLEDGEMENT: If there were more than one person ahead of you in line, did the representative who assisted you apologize for your wait and assure you would be well cared for?** (required)  N/A

Yes

No

**2. NAME: Did the representative ask for and use your name in conversation?** (required)  **N/A**

**Yes**

**No**

**3. LISTENING SKILLS: Did the representative use active listening skills to demonstrate you had his or her full attention?** (required)  **N/A**

**Yes**

**No**

**4. ETIQUETTE: Did the representative use "please" and "thank you" and other appropriate communication etiquette, avoiding slang?** (required)  **N/A**

**Yes**

**No**

**5. VOICE TONE: Did the representative avoid using a flat tone of voice?** (required)  **N/A**

**Yes**

**No**

**6. AVOID RUSH: Did the representative use a conversational pace, staying focused, but avoiding the appearance of being rushed?** (required)  **N/A**

**Yes**

**No**

**7. HUMAN CONNECTION: Did the representative relate with you on a sincere, human level, making a connection during the visit?** (required)  **N/A**

**Yes**

**No**

**8. EMPATHY: Did the representative empathize with the difficulties you are having, showing genuine concern and patience?** (required)  **N/A**

**Yes**

**No**

**Please explain your answers to all questions in this section.** (required)

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## KNOWLEDGE

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**1. QUESTIONS ASKED: Did the representative ask open-ended questions?** (required)  **N/A**

**Yes**

**No**

**Please list what questions the representative asked during the interaction.**

**N/A**

**2. FEATURES/BENEFITS: Did the representative reinforce the features and benefits of your current products?** (required)  **N/A**

**Yes**

**No**

**3. REINFORCE HELPFULNESS: Did the representative emphasize his/her desire to come to your aid by saying something like, "I'd like the opportunity to help you if you will allow me.?"** (required)  **N/A**

**Yes**

**No**

**4. RESTATE CONCERNS: Did the representative show you he or she understood your concerns by restating them?** (required)

**N/A**

**Yes**

**No**

5. **OVERCOME OBJECTIONS:** Did the representative overcome any objections you stated? (required)  **N/A**

**Yes**

**No**

6. **KNOWLEDGEABLE:** Did the representative appear to be confident and knowledgeable? (required)  **N/A**

**Yes**

**No**

Please explain your answers to all questions in this section. (required)

## SALESMANSHIP

1. **SAVE THE SALE:** Did the representative try to save your subscription? (required)  **N/A**

**Yes**

**No**

2. **OPTIONS:** Did the representative come up with viable and relevant options? (required)  **N/A**

**Yes**

**No**

3. **QUESTIONS ANSWERED:** Did the representative make sure all of your concerns were addressed? (required)  **N/A**

**Yes**

**No**

4. **ASK FOR THE SALE:** Did the representative ask for the sale / ask for you to continue if issue corrected / solved? (required)

 **EVALUATOR:** For example, "If we can do that for you, how does that sound?"  **N/A**

**Yes**

**No**

5. **RETAIN/GAIN:** Did the representative attempt to upsell you in an effort to retain your subscription? (required)  **N/A**

**Yes**

**No**

Please explain your answers to all questions in this section. (required)

## PROFESSIONALISM

1. **RE-CAP:** Did the representative set expectations about what to expect regarding changes and modifications, if applicable? (required)  **N/A**

(required)  **N/A**

**Yes**

**No**

Please provide specific details about how the representative set expectations on changes impacting your account.

**N/A**

2. **ORGANIZED DEPARTURE:** Did the representative make sure you had all of the appropriate products and paperwork before you left? (required)  **N/A**

**Yes**

**No**

3. **APPRECIATION:** Did the representative show appreciation for you, your time and your visit today? (required)  **N/A**

**Yes**

**No**

4. **MEMORABLE:** Did the interaction with the representative leave a positive, lasting impression? (required)  **N/A**

**Yes**

**No**

## THE BOTTOM LINE

**1. ONE WORD: EXPERIENCE:** Choose one word to describe your overall experience.

N/A

**ONE WORD: REPRESENTATIVE:** Choose one word to describe your experience with the sales representative.

N/A

**RECOMMENDATION:** Based on your experience, how likely would you be to recommend this provider to a friend or family member? (required)

N/A  0  1  2  3  4  5  6  7  8  9  10

Please explain the reason you chose this number. (required)

## ADDITIONAL COMMENTS

We have only asked specific, service-oriented questions on this shop. If you have any additional information concerning this visit, you may tell us below. It can be on anything the client/partner would want to know to assist them in maintaining the best service in the industry.

N/A

## Editor Info

**WOW:** Choose YES if the service at this location stood out as so exemplary that someone in Senior Management must be told about it.

Yes  No

**RISK:** Check this box if something so off the wall happened that someone in Senior Management must be told about it.

Yes  No

Was this survey edited by a Junior editor? If yes, please mark "YES" and add your initials to the comment box.

N/A  Yes  No

2. Was this survey edited by a Senior Editor? If yes, please mark "YES" and add your initials to the comment box

N/A  Yes  No

Returned to Evaluator?

Yes  No

CSM/OPS Approval? If yes, please select yes or not for 24 hours?

Yes  No

CRI

Yes  No

OCP If yes, please mark "YES" and add OCP Notes to the comment box below.

Yes  No

**Performance Coach QC Ranking**

 *DO NOT EDIT*

5  4  3.5  3  2  1

**CSM QC Ranking**

5  4  3.5  3  2  1

**Senior Only Fee**

 *DO NOT EDIT*

0  2.00  2.40  2.50  3.25  3.40  3.50  3.90  4.30  4.50  4.60  4.90  5.00  5.75  6.00  6.50

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