

A B U T F A C E

Vehicle Sales In-Person Evaluation

Business Name: pick	Location Name:	Address:	Telephone:
Date of Shop: pick	Time In: pick	Time Out: pick	
Month: [Choose one] <input type="text"/>	Quarter:	Year: [Choose one] <input type="text"/>	
Order Date:	Order Timeline:	Drop dead:	

Env/Atm Total:

Sales Exp Total:

Bottom Line:

Sales Rep:

Prof:
Attitude:
Knowledge:
Sales:

Exp:
Rep:
Buy:
Expect:

VISIT TOTAL:

Shopper:	Shopper Rank: [Choose one] <input type="text"/>	Link:
Jr. Editor:	Jr. Status: [Choose one] <input type="text"/>	Jr. Editor Ranking: [Choose one] <input type="text"/>
Sr. Editor:	Sr. Status: [Choose one] <input type="text"/>	Sr. Editor Ranking: [Choose one] <input type="text"/>
QC:	QC Date: pick	48 Hr Comment:
Deduct:	Deduct Explain:	Purchase Amt:
Jr. Fee:	Sr. Fee:	PM Fee:

A B U T F A C E

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SCORING CRITERIA:

0-10: 0-1=Poor, 2-3=Below Average, 4-6=Average, 7-8=Above Average, 9-10=Excellent

Yes = 10, No = 0

Yes = 5, No = 0

N/A = Both the actual and the possible points are thrown out, so as not to adversely affect the total score.

Attachments

Please scan your business card and any other paperwork you received. Attach them here or fax them to the number provided in the Shopper Directions. Please print your name, date and name of location on each item. Please write legibly. This shop may not be accepted without a business card. Thank you!

<Your file attachment control will be placed here. ID='Q_0901' htmlother='onchange="fileUploadOnChange(this);" '>

Shopper Scenario

This section contains general information about the scenario you presented.

1. Type of buyer:

[Choose one]

2. Dominant buying motive:

[Choose one]

Adventure
Freedom
Fun
Price
Reliability
Safety
Status
Value

SHOPPER: To select multiple answers, hold down CTRL while clicking your choices.

3. List two features that you MUST HAVE in this vehicle:

SHOPPER: For example, if your assigned vehicle was automobile, the must-haves you select might be "sports car" and "red."

Please describe the scenario you presented:

ENVIRONMENT/ATMOSPHERE

This section evaluates the exterior and interior areas of the location.

Exterior

1. SIGNAGE: Was the signage easy to see and did it make finding the location easy? NA Yes No

2. PARKING: Was a parking area:

A. Easily accessible?

NA Yes No

B. Safe and in good condition?

NA Yes No

3. LANDSCAPING: If there was landscaping:

A. Was it well kept and did it beautify the location?

NA Yes No

B. Were the bushes and flowerbeds free of cigarette butts and other debris?

NA Yes No

4. OFFICE (EXT): Was the outside of the sales office in good condition?

NA Yes No

Please explain this section's answers here:

Interior

1. ENTRANCE: Was the entrance clean and inviting? NA Yes No

2. RECEPTION AREA: If there was a reception area, was the desk organized and presentable?

NA Yes No

3. OFFICE (INT): Were office areas neat and orderly?

NA Yes No

4. FIRST IMPRESSION: Was your first impression of the interior a positive one?

NA Yes No

Please explain this section's answers here:

SALES EXPERIENCE

This section assesses your experience with the sales representative in terms of professionalism, attitude, knowledge and salesmanship.

SR

Sales Representative's Name:

Sales Representative's Description:

A. Gender:

[Choose one]

B. Height:

[Choose one]

C. Hair Length:

[Choose one]

D. Hair Color:

[Choose one]

E. Glasses:

NA Yes No

F. Other Descriptor:

Professionalism

1. PROMPTNESS: Did the sales representative greet you promptly? NA Yes No

2. WAIT: If the sales representative was not immediately available, was your wait handled in a professional manner? NA Yes No

SHOPPER: Examples include telling you approximately how long the wait would be, telling you to make yourself comfortable, offering you a beverage, etc.

3. GROOMING: Was the sales representative:
A. Well groomed? NA Yes No

B. Professionally attired? NA Yes No

4. NAME USAGE: Did he/she:
A. Introduce him/herself? NA Yes No

B. Ask for your name? NA Yes No

C. Use your name throughout the visit? NA Yes No

D. Overuse your name? (Remove points for unsophisticated, overuse of name) NA Yes No

5. ATTENTIVE: Did the sales representative seem attentive and focused on you throughout the visit? NA Yes No

Please explain this section's answers here:

Attitude

1. GREETING: Did the sales representative greet you in an enthusiastic and engaging manner? NA Yes No

2. NON-VERBAL CUES: Did he/she:
A. Give you direct eye contact? NA Yes No

B. Smile? NA Yes No

3. RAPPORT: Did the sales representative build rapport/make a connection during your visit? NA Yes No

NOTE: Rapport means beginning to make a true and trustworthy connection, human-to-human during an interaction. Please take the amount of time into consideration while thinking through your reasoning.

4. APPRECIATION: Did he/she show sincere appreciation for your visit? NA Yes No

Please explain this section's answers here:

Knowledge

1. LIFESTYLE: Please rate the sales representative in terms of his/her depth of knowledge when answering questions and when educating you about the lifestyle you would be afforded if you purchased this vehicle. [Choose one]

2. OVERLOAD: Did he/she walk that delicate balance between not giving enough information and giving you too much information, thus overwhelming you? NA Yes No

3. DILIGENCE: If the sales representative was uncertain of how to answer a question did he/she attempt to locate the information you needed? NA Yes No

Please explain this section's answers here:

Salesmanship

1. NEEDS ASSESSMENT: Did the sales representative ask any of the following open/probing questions in order to assess your needs: (NOTE: Any three YES answers gets the full 10 points.)

A. Who will use this vehicle? NA Yes No

B. How will you use this vehicle? NA Yes No

C. When will you use this vehicle? NA Yes No

D. What specific options are you looking for? NA Yes No

E. Have you ever had a vehicle like this before? NA Yes No

F. Are you interested in a new versus a used vehicle? NA Yes No

Please explain your answer here:

2. TIME FRAME: Did the sales representative:

A. Ask when you would be ready to make a purchase? NA Yes No

B. Ask if there were any factors preventing you from making a purchase or affecting your time frame? NA Yes No

Please explain your answer here:

3. LISTENING SKILLS: Did he/she:

A. Actively listen to your answers to his/her questions? NA Yes No

B. Ask appropriate follow-up questions? NA Yes No

Please explain your answer here:

4. FEATURES AND BENEFITS: Did the sales representative:

A. Address features and benefits of the vehicle that would enhance your lifestyle? NA Yes No

B. Discuss the features of this vehicle that distinguish it from competitors' vehicles? NA Yes No

Please explain your answer here:

5. ABILITY: Did the sales representative:
- A. Ask your price range (overall investment and/or monthly payment)? NA Yes No
- B. Question you about your income and employment (if appropriate)? NA Yes No

Please explain your answer here:

6. INVOLVEMENT: Did the sales representative involve you in the process by:
- A. Introducing you to other staff members? NA Yes No
- B. Offering you a brochure or pamphlet? NA Yes No
- C. Offering to take you to view models? NA Yes No
- D. Offering to let you test-drive the vehicle? NA Yes No

SHOPPER: Do NOT take a test drive unless your scheduling materials specifically state that this is a test-drive shop. If you do so, it will be a direct violation of the guidelines of this project, and your shop will be rejected.

Please explain your answer here:

7. FOCUS: Based upon your stated requirements, did the sales representative:
- A. Direct you to models that met your needs? NA Yes No
- B. Focus and narrow your choices? NA Yes No

Please explain your answer here:

8. FORWARDING THE SALE: Did the sales representative: (NOTE: A YES answer to any one question gets the full 10 points.)
- A. Ask if you would like to leave a deposit? NA Yes No
- B. Ask if you wanted to set a future appointment? NA Yes No
- C. Attempt to forward or close the sale in any way? NA Yes No

Please explain your answer here:

9. CONTACT INFORMATION: Did the sales representative attempt to get your contact information (if asked on a form you filled out, give credit):
- A. Telephone number? NA Yes No
- B. Address? NA Yes No
- C. E-mail address? NA Yes No

Please explain your answer here:

10. RED FLAGS: At any point in the interaction, did the sales representative: (NOTE: If any of the following is chosen, 20 points will be deducted.)
- A. Almost lose you? NA Yes No
- B. Make an error in direction? NA Yes No
- C. Ever discredit him / herself? NA Yes No

- D. Ever make you feel oversold? NA Yes No
- E. Ever make you feel undersold? NA Yes No
- F. Use clichés or poor, overused tactics? NA Yes No
- G. Ever seem disingenuous? NA Yes No
- H. Ever miss important indicators or red flags you gave during your visit? NA Yes No

Please explain your answer here:

11. FOLLOW-UP: Did you receive any kind of follow-up from the sales representative within 72 hours after your visit? NA Yes No

SHOPPER: Do not wait for follow-up to submit your evaluation. If you have received no follow-up by the time you submit your evaluation, answer this question NO. If you receive follow-up within 72 hours (3 days) after submitting your evaluation, please email your project manager to report it.

BOTTOM LINE

The Bottom Line is a qualitative category, which sums up the customer's experience.

BL

1. Choose one word to describe:
 - A. Your onsite experience:
 - B. Your sales representative:
2. If you were really in the market for a vehicle, would you buy from this sales representative? NA Yes No
3. Would you say this experience met or exceeded your expectations? [Choose one] NA Yes No
 Why or why not?
4. What could this dealer do to make the experience better?

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.

CUSTOM QUESTIONS

This section contains questions that are unique to this shop.

CQ

1. CUSTOM QUESTION #1: Was a Custom Question #1 listed for this shop at the above website? NA Yes No

Please type Custom Question #1 here:

Please answer Custom Question #1 here:

2. CUSTOM QUESTION #2: Was a Custom Question #2 listed for this shop at the above website? NA Yes No

Please type Custom Question #2 here:

Please answer Custom Question #2 here:

3. CUSTOM QUESTION #3: Was a Custom Question #3 listed for this shop at the above website? NA Yes No

Please type Custom Question #3 here:

Please answer Custom Question #3 here:

4. CUSTOM QUESTION #4: Was a Custom Question #4 listed for this shop at the above website? NA Yes No

Please type Custom Question #4 here:

Please answer Custom Question #4 here:

5. CUSTOM QUESTION #5: Was a Custom Question #5 listed for this shop at the above website? NA Yes No

Please type Custom Question #5 here:

Please answer Custom Question #5 here:

Shopper

- Since you are judging someone else's performance in this report, how was your performance?
- Did you do the best job you are capable of doing?
- Would you be proud to sign your name to this job, as an example of your workmanship?
- If you have any questions, concerning making this shop the best, please e-mail your question / concern to qualitycontrol@aboutfacecorp.com.
- Before you hit SUBMIT, please make this your best, most descriptive work. Our clients deserve it, and you deserve to be paid our highest performance pay on every project.

Internal Information

1. Wow - Choose YES if the service at this location stood out as so exemplary that someone high-up must be told about it. Briefly describe why here. [Choose]

Briefly describe why here:

- 2. Risk - Check this box if something so off the wall happened that someone high-up must be told about it.

[Choose]

Briefly describe why here:

- 3. Unusual Circumstances - Check this box if something odd happened with scheduling that needs to be understood by the AboutFace team:

[Choose]

Briefly describe why here:

A. Scheduling:

[Choose]

B. Payments:

[Choose]

i. Bonus Pay?

\$

ii. Payment Split:

[Choose]

1. How Much?

\$

2. With Whom?

a. Shopper's Name:

b. Shopper's Email:

iii. Deduction:

\$

Briefly describe why here:

iv. Typing:

[Choose one]

a. Typist's Initials:

C. Editing:

[Choose]

Briefly explain why here.