

Client Referral Form

Share this form with us when you want to refer another business to CJN IT Solutions.

087 809 3516

sales@cjn.co.za

www.cjn.co.za

How this works

Complete the details below, confirm that the referred business is happy for CJN to contact them, and email the finished form to sales@cjn.co.za.

1. Referring Client

Your name

Company name

Email address

Phone number

2. Business Being Referred

Business name

Contact person

Contact email

Contact phone

Industry

Number of staff / users

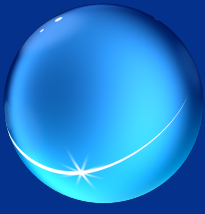
Town / city

Best time to contact

3. What Does the Business Need Help With?

- | | |
|--|---|
| <input type="checkbox"/> Managed IT support | <input type="checkbox"/> Microsoft 365 and email |
| <input type="checkbox"/> Backup and disaster recovery | <input type="checkbox"/> Cybersecurity and MFA |
| <input type="checkbox"/> Infrastructure, servers or networking | <input type="checkbox"/> UPS and power continuity |
| <input type="checkbox"/> POPIA readiness / compliance | <input type="checkbox"/> Other |

Short notes or context



Referral Confirmation

Please confirm contact permission and add any final notes for the CJN team.

Reminder

Referrals convert better when the business expects our call. If possible, let them know CJN will contact them first.

4. Permission to Contact

- Yes - the referred business knows CJN may contact them.
- No - please contact me first before reaching out.

Why are you recommending this business to us?

Referrer signature / name

Date

Preferred CJN follow-up

- Phone call Email Meeting Quote / proposal