

THINK • ING

Team Commitment
True Purpose question

Clear Vision / Mission
Principle Based Service question

Process Development

Skill Development

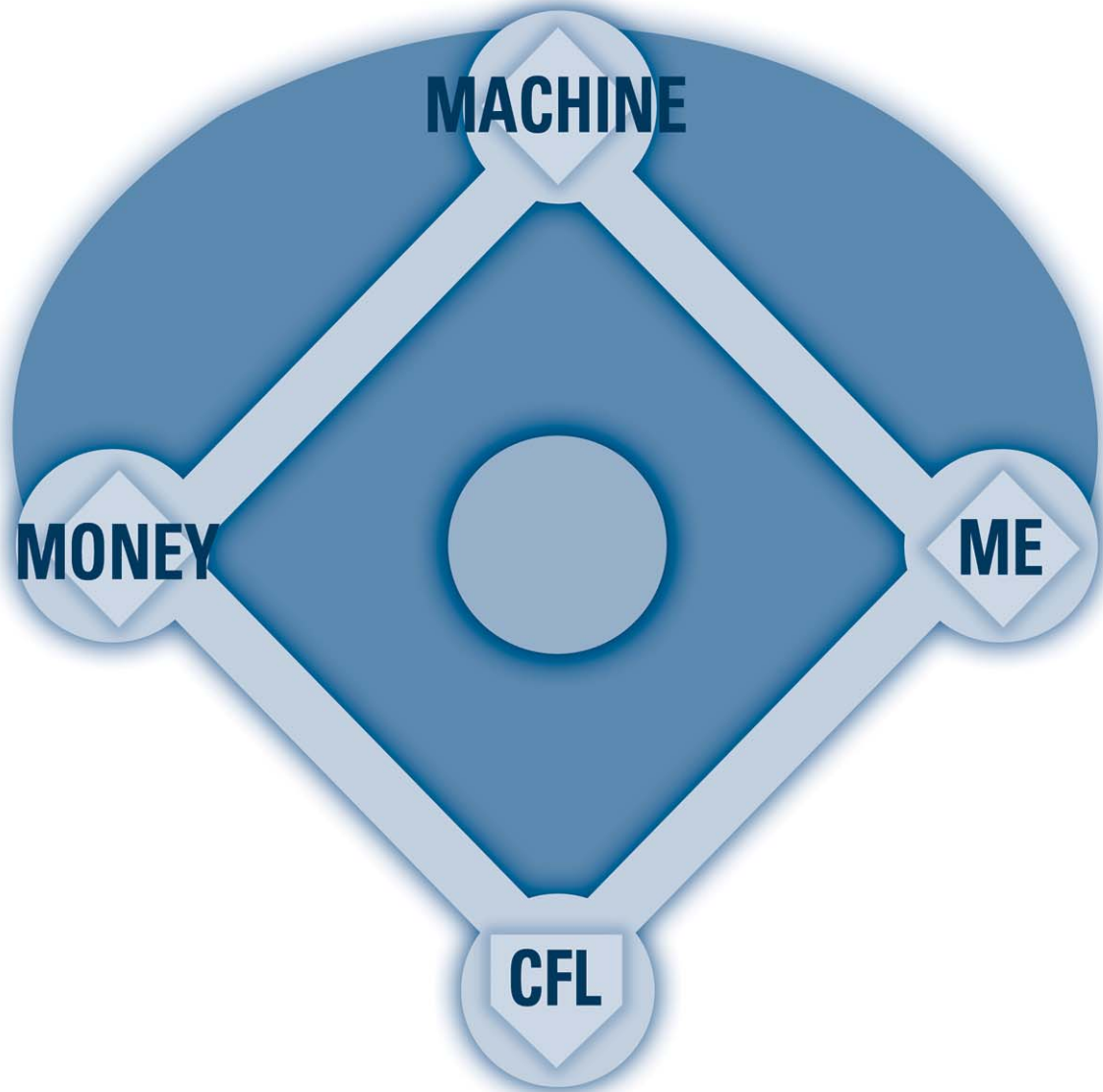
STC Group

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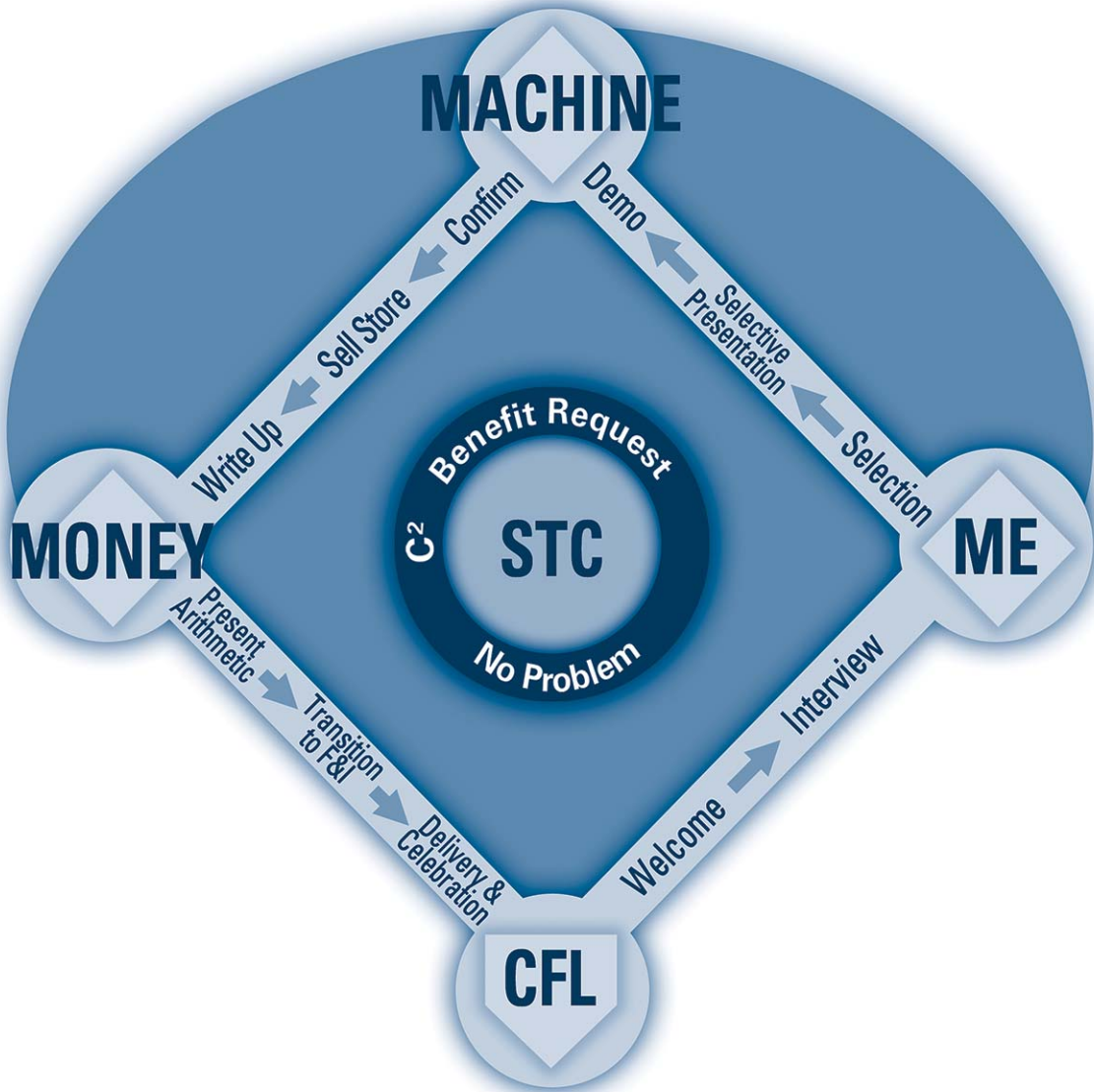
SALES PROCESS



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SALES PROCESS



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Our Focus is always on YOU:

1

You tell us your needs. We start by finding out what is important to **You**.

2

You see your options: We will show **you** how we might meet your needs. We will even tell you if it won't.

3

You go for a drive: Let our cars and trucks do the talking! Take one or two out for a test drive.

4

You see the facts and figures. **You** will receive all the product, pricing, financing and trade information **you** need to make an informed decision.

5

You get more than **you** ever expected. We deliver the car exactly the way we promised, with a full explanation of all its features. We will even call to check on you after the sale just to be sure **you** are completely satisfied.

Tell us how fast or how slow you want to proceed and we are here to help you every step of the way.

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YOUR CAR BUILDER

Sales Person	<input type="text"/>	Date	<input type="text"/>
Type	<input type="checkbox"/> New <input type="checkbox"/> Pre-Owned <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/> Wagon <input type="checkbox"/> Other _____		
Options	Must Have: _____ _____ _____	Like to Have: _____ _____ _____	
Current Vehicle	<input type="checkbox"/> Adding <input type="checkbox"/> Replacing <input type="checkbox"/> Estimate?	Year: _____ Make: _____ Model: _____ Miles: _____ Equipment: _____ <input type="checkbox"/> Warranty <input type="checkbox"/> Security System <input type="checkbox"/> Certified <input type="checkbox"/> Other _____	
	Loves: _____ _____ Improve: _____		
Previous Purchase	Date Purchased: _____ <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Certified <input type="checkbox"/> Finance <input type="checkbox"/> Cash <input type="checkbox"/> Lease	Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 Next Payment Due: _____ Amount \$ _____ Balance \$ _____	
Goals	What do you hope to accomplish with your visit today? _____ _____ Consider Alternatives: _____ _____		
Information	Name: _____ Address: _____ _____ City, State, Zip: _____	Ph (h): _____ Ph (w): _____ Ph(c): _____ Email: _____	

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STRATEGY

WHAT	HOW	WHY	WHO	BY WHEN	DONE



THINK • ING

PEOPLE

WHAT	HOW	WHY	WHO	BY WHEN	DONE



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PROCESS

WHAT	HOW	WHY	WHO	BY WHEN	DONE



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TOOLS

WHAT	HOW	WHY	WHO	BY WHEN	DONE

