

Client Information Sheet

Prospect's Name: _____ Spouse: _____

Best Phone: _____ Other Phone: _____

E-mail: _____

Area Most Interested In: _____

What is important to have in your new home?

Bdrms: _____ # Baths: _____ Type of garage? _____ Square feet: _____

Do you have animals? _____

Special features: _____

How would you like to pay for your new home? _____

Who is your lender? _____

What are your hobbies? _____

Do you like to cook? Tell me about your kitchen? _____

How much maintenance do you want? _____

Are you willing to do cosmetic fixing? _____

How do you like to live in your home? _____

How did you hear about us? _____

What is most important to you in this transaction? _____

Notes: _____

Lead Status (Time Frame): 30 Days or less 30-60 Days 60 days – 1 year 1 Year +

Lead Source: _____

Prospect is: Selling Buying Both

Agent assigned: _____

Referral Fee: Yes No If YES, to whom: _____ %: _____ **Phone:** _____

Referral Address: _____