



PROSPECTIVE CLIENT RECORD

CONTACT INFORMATION

Name: Mr. Mrs. Miss Ms. Dr. _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____ Office: _____ Other: _____
 Cell Phone: _____ E-mail: _____
 Jobsite Address: _____
 Working with: Designer _____ Builder _____ Architect _____

LEAD SOURCE

Factory Lead Former Client Walk-in Phone-in Yellow Pages Newspaper Direct Mail TV/Radio Spot
 Referred by: _____ Other _____

TYPE OF PROJECT

Remodel New Construction Kitchen Bath Laundry Family Rm Addition Other _____
 Work Required: _____

SCOPE OF PROJECT

Cabinets: _____ Plumbing Electrical
 Countertops: _____ Painting Lighting
 Appliances: _____ Wall Covering Floor Covering
 Fixtures/Fittings: _____
 Other: _____

DESIGN FEE/BUDGET OF PROJECT

Design Fee Quoted: \$_____ Design Fee Contract Signed: Yes No Budget Established: \$_____
 Project Quoted in Showroom: \$_____ In-home Survey Appointment Set (Date/Time): _____

CLIENT REGISTRATION NO. _____

Received by: _____ Recorded by: _____ Assigned to: _____
 Date Received: _____ Date Recorded: _____ Date Assigned: _____