

# Initial Customer Contact Form

Date \_\_\_\_\_ Sales Person \_\_\_\_\_

Job# \_\_\_\_\_ Customer Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Job Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Referred By: \_\_\_\_\_

Bill To: \_\_\_\_\_

Directions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Renovation or New Construction? \_\_\_\_\_

Client Special Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_