CLIENT INFORMATION FORM

Name:			Date:	_
Phone Number: (<i>Cel</i>	<i>l</i>)		(Hm)	_
E-mail:				
Home Address:				
Lender Qualified:				
Need to Sell Current	Home?			
HOME NEEDS Timeframe: House Type:				
Area Desired:			Zip Codes:	
Sq Ft:				
Price Range:				
Beds:				
Baths:				
Garage:	_ Lot:	Pool:	Spa:	
Special Interest:				
Listing: Lead Source:		Both: _		
Notes:				