



# CONTACT FORM

## TRANSACTION INFO

DATE: \_\_\_\_\_

Contact Preference	
<input type="checkbox"/>	Email
<input type="checkbox"/>	Home Call
<input type="checkbox"/>	Cell Call
<input type="checkbox"/>	Cell Text

PROPERTY INFORMATION			
<b>When Buy/Sell</b>	<input type="checkbox"/> Buy	<input type="checkbox"/> Sell	
<input type="checkbox"/> NOW	City _____	<input type="checkbox"/> Short Sale	
<input type="checkbox"/> 1-3 Month	Price _____		
<input type="checkbox"/> 3-6 Month	# Bedroom _____	Address _____	
<input type="checkbox"/> 6-12 Month	# Baths _____		
<input type="checkbox"/> 1 Year +	Other _____	Loan Bal \$ _____	

GB4H Program	
<input type="checkbox"/>	Military
<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Fire/Rescue
<input type="checkbox"/>	Education
<input type="checkbox"/>	Friends & Family
<input type="checkbox"/>	Relocation

## CLIENT INFO

CLIENT 1 (Primary Contact)		CLIENT 2 (Spouse/Partner)	
NAME	_____	NAME	_____
HOME Street	_____	HOME	_____
City	_____	<input type="checkbox"/> Same as C1	_____
State	_____		_____
Zip	_____		_____
MAIL Street	_____	MAIL	_____
(if different) City	_____	<input type="checkbox"/> Same as C1	_____
State	_____		_____
Zip	_____		_____
EMAIL	_____	EMAIL	_____
HOME Phone	_____	HOME Phone	_____
WORK Phone	_____	WORK Phone	_____
CELL Phone	_____	CELL Phone	_____
FAX	_____	FAX	_____

## SPECIAL DATES (Optional-So we can send cards/gifts on your special days)

CLIENT 1 Birthday	CLIENT 2 Birthday	Wedding Date
Child Name	Age	Child Name
		Age
Child Name	Age	Child Name
		Age

## OTHER

Currently Working with Realtor?  NO  YES  
 If Yes, Agent Name: \_\_\_\_\_

Preapproved for Loan (if Buying)?  NO  YES

Want a Lender to Contact You?  NO  YES

Comments/Other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How Did You Hear About Us?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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