

Client Information Sheet

Seller Buyer



Name(s) _____ Birthdate(s) _____

Wedding Anniversary: _____

CONTACT INFORMATION

Address: _____ City: _____ Zip: _____

Home #: _____ Fax #: _____

Email: _____ Partner Email #: _____

Cell #: _____ Partner Cell #: _____

Work #: _____ Partner Work #: _____

Pref. Communication: Email _____ Home# _____ Cell# _____ Work# _____

Best time of day to reach you: _____ Best #: _____

Time of Expected Response from us: _____ From you: _____

INFORMATION FOR BUYING

Available to look at homes: Afternoons _____ Evenings _____ Saturdays _____

Price Range: _____ Desired Monthly Payment: _____

Top 3 Priorities for Purchase:

- 1. _____
- 2. _____
- 3. _____

Wish List Items:

INFORMATION FOR SELLING

Earliest time for morning calls: _____ Showings: _____

Latest time for evening calls: _____ Showings: _____

Mortgage Company: _____ Approx. Payoff: \$ _____

1st Mortgage Company: _____ Approx. Payoff: \$ _____

2nd Mortgage Company: _____

more on the back...

AGENT NOTES

Price Range: _____ Absorption Rate (6 Months): _____

Additional Notes: _____



OTHER INFORMATION ABOUT YOU AND YOUR FAMILY

Children

Birthdate

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Pets

Breed

Dogs: _____

Cats: _____

Other: _____

Cities & States you've lived in: _____

Originally From: _____

Favorite Sports Team: _____

Favorite Restaurants: _____

Favorite Activities / Hobbies: _____

Favorite Plant / Flower: _____

Favorite Wine / Beer / Soda / Other Beverage: _____

Favorite Candy Bar: _____

Favorite Pizza: _____

How you learned about your agent: _____

Comments: _____
