Customer Information Sheet



Date:					
Referred By:					
Customer Info	rmation				
Full Name:					
5 "	Last	First	M.I.		
Delivery Address:	Street Address		Google Earth Verified		
	City	State	ZIP Code		
Home Phone:	City	Alt. Phone	Zii Code		
Email Address:					
Billing Info:					
9					
Contact Name [if different from above	·]:				
	Last	First	M.I.		
Address:	Street Address		P.O. Box		
Fau DTO Calass	City	State	ZIP Code		
For RTO Sales:	DOB:	License#:			
Payment Due Day Preferred Term Length:			1:		
FOR OFFICE USE	- ONLY				
TOR OTTICE OUE	- OTTET				
Date Received:		Customer Number:	Customer Number:		
Sales Representative:		Appro	oved: _YESNO		

Information Needed For An Accurate Price

What will you be using the building for?		
What size(s) are you interested in?		
Tell me about where we would be placing it:		

Do you prefer a barn style roof with lot	fts or a 4/12 pitch regular house s	tyle roof?
Would you be purchasing it outright or	r with our no credit check rent-to-	own plan?
Would you like any windows?	If so, 24x36 or 36x36?	How many?
Are you wanting a barn style wood doo	or, house door or roll-up door?	
IF barn styleDo you need ramps?		
(IF barn style (and not the LBG or WLE	BPC) explain and offer extended h	eight walls.)
Would you like me to include the exter	nded height walls in your quote? _	
<u>"Let me tell you about our buil</u>	ldings and what sets us ap	oart":
Model:		
Do you have a color preference for the	•	
Trim color:_		
We highly recommend our radiant hea	-	quote and remove it if you
decide you do not want it (NOT availab	ole with shingle roofing)	
NOTES:		