Buyer Questions Service Form

Date: _____ Lead Generator: _____Source of Lead_____

Lead Assigned to: _____ Status: A B C (circle one)

Outside Referral Fee: YES NO If YES, to who: _____ %: _____ Phone: _____

Customer Name: _____Spouse:_____

Address: _____ City: _____ State: _____ Zip:_____

Home Phone: _____ Work/Cell _____ Email: _____

Own: _____ Rent: _____ Lease Expires: _____ Rent Amount: _____

If own, is house on the market? YES NO If yes, are they buying with an agent? YES NO

If own, do they have to sell first? YES NO How long looking for home?_____

If own, is Listing Sheet filled out? YES NO If NO, why: _____

Criteria Working with another Agent: YES NO

Motivation Level: 1 2 3 4 5 (1 low 5 high) Best time to look: Day Evening Weekday Weekend

Price Range: _____ to _____ Time Frame: _____

Desired Areas: _____

Bedrooms:_____ # Bathrooms:_____ Garage: _____ Style of Home: _____

Any special needs? _____

What are the three things you are looking for in a Realtor?

Initial Consultation Date:_____ Time:_____ Follow-up on:_____

Follow-up Date Status Follow-up Date Status & Time Added to Database: _____

Mortgage Information

Mortgage Company: _____ Loan Officer: _____

Phone: _____ Approved Amount:_____

Amount of Down Payment? _____ Source of Down payment: _____

GREAT, let me take a moment to make sure I have all the information I need!