

Client Profile Sheet

Name ? _____ Date _____

Address _____

City _____ Zip _____ PHONE _____

HOW DID YOU HEAR ABOUT US _____

Project ? include WHEN ? # OF SQ FT ?

ROOM SIZES? _____

What product do you have in mind? _____ BUDGET? _____

Yourself _____ Contractor? _____ NEED AN INSTALLER? _____

Qualifying Questions)

Type Of Heat? Forced Air / Hot water / Wood Stove / Radiant Heat.

On / Above / Below Grade? Over Plywood / OSB / Particleboard ? Concrete?

Prep Required ? _____ Remove carpet? _____ Repair existing Floor? _____

Have you looked at other products? _____ WHERE _____

What products / prices? _____ EMPLOYEE _____

Products recommended	<u>COST</u>	<u>Price Quoted</u>	<u>Samples</u>

WHAT PREVENTED FROM BUYING TODAY? _____

FOLLOW UP _____

