

RESIDENTIAL CUSTOMER LEAD SHEET

Today' Date _____ Estimator _____

Estimate Date _____ Estimate Time _____

Customer Name _____

Address _____

City, State Zip _____

Home Phone _____ Cell _____

Email Address _____

Mention to visit us at starpaintingandwallcovering.net _____

Job Location Address or Billing Address _____
(If different from above)

Closest Major Intersection _____

Are you a past customer? _____

How did you hear about us? _____

If referral who referred us to you? _____

Were they pleased? _____

What type of work do you need done? _____

When would you like work completed by? _____

Are we bidding against other painters? _____

Comments _____
