

BUYERS CONSULTATION

BROUGHT TO YOU BY:



Main Contact Name: _____

Address: _____

Phone Number: _____ Email: _____

Preferred Contact Method: Email Text Call Best Time: _____ Birthday: _____

Decision Maker Name: _____

Phone Number: _____ Email: _____

Preferred Contact Method: Email Text Best Time: _____ Birthday: _____

Best Showing Days / Times: _____

Who else will be living in the home? _____ Pets? _____

What is prompting your move? _____ Are you committed to another REALTOR? Y/N

Your Style Home:

City or General Location? _____ Single family, townhouse, condo: _____

Open to Renovations? _____ Anything that you LOVE about your current home or any other home you've lived in? _____

Garage or Parking Needs: Garage or closet space, backyard Maintenance / HOA: _____

Budget: _____ Schools Important: Y/N Yard: Y/N Waterview: Y/N Pool? Y/N

What is a comfortable price point for you? 575k Anything I missed? _____

5 must haves/non-negotiables: _____

Lender: _____ Preapproval: _____

Matrix Setup? _____ Additional Info: _____

INITIALS _____

For Office Use Only:

Scanned ID? Y/N Sent Referral Partners? Y/N Next Steps: _____