

Listing Client Profile

SELLER(S): _____ ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ PREFERRED E-MAIL: _____

WORK PHONE: _____ WHO? _____ WORK PHONE: _____ WHO? _____

CELL PHONE: _____ WHO? _____ CELL PHONE: _____ WHO? _____

OTHER PHONE: _____ WHO? _____

BIRTHDAY: ____/____/____ WHO? _____ BIRTHDAY: ____/____/____ WHO? _____
month/day month/day

WEDDING ANNIVERSARY: ____/____/____
month/day/year

CHILDREN: _____ BIRTHDAY: _____

_____ BIRTHDAY: _____

_____ BIRTHDAY: _____

_____ BIRTHDAY: _____

PREFERRED CLOSING ATTORNEY & FIRM: _____ PHONE: _____

PRE- HOME INSPECTION? _____ PRE- CL-100? _____ PRE-APPRAISAL? _____

SPECIAL REQUESTS/NEEDS: _____

HOW DID YOU HEAR ABOUT COLLINS REALTY GROUP? (I.E., REFERRAL, PAST CLIENT, AD'S, MAILING, ETC)?

IF REFERRAL, WHO MAY WE THANK FOR YOUR BUSINESS? _____

OUT OF THE FOLLOWING FOUR OPTIONS, HOW WOULD YOUR SPOUSE OR BEST FRIEND BEST DESCRIBE YOU?

- 1) STRAIGHT-TO-THE-POINT
- 2) SOCIAL/OUTGOING
- 3) STEADY/DEPENDABLE
- 4) CAUTIOUS/PERFECTLY ACCURATE

SELLER 1: _____
NAME

ANSWER: _____

SELLER 2: _____
NAME

ANSWER: _____

A FEW OF YOUR FAVORITE THINGS...

HOBBIES: _____

LOCAL RESTAURANTS: _____