CLIENT INFORMATION SHEET

PROPERTY PHYSICAL ADDRESS:

CLIENT NAME: _____
LAST FIRST

CONTACT NO: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS:_____

_____

LEAST AMOUNT WILLING TO ACCEPT FOR LEASE:_____

DO YOU OWN OUTRIGHT, OR DO YOU PAY A MORTGAGE IF SO WHAT AMOUNT?_____ + _____ + _____ + _____
MORTGAGE TAXES INSURANCE ASSOC. FEE

PAYMENT INFORMATION IS HELPFUL IN ASSESSING CLIENTS SITUATION FOR INCREASING PROFIT MARGIN BY ASSESSING TAXES, AND INSURANCE.