Customer Information Form

Capture complete customer details for the file and CRM

Primary Contact

Field	Value
Full Name	
Company (if applicable)	
Mobile Phone	
Alternate Phone	
Email	
Preferred Contact Method	Call / Text / Email

Service Address

Field	Value
Street	
City / State / ZIP	
Gate / Lockbox Code	
Pets on site?	Yes / No — details:
Parking notes	

Billing Information

Field	Value
Billing Contact (if different)	
Billing Address	
Preferred Payment Method	Card / Check / ACH / Financing
Tax Exempt?	Yes / No — attach certificate

Property Details

Field	Value
Property Type	Residential / Commercial
Year Built	
Square Footage (approx.)	
Notes / Equipment on site	

Marketing

Field	Value
How did you hear about us?	Google / Referral / Repeat / Other
Referred By	
OK to add to email list?	Yes / No

Office Use

Field	Value
Date Entered	
Entered By	
CRM ID	