

Customer Information Form

First Name:		Last Name:	
Street Address:			
City:	State:	Postal Code:	
Telephone Number:		e-mail Address:	
Have you ever talked with anyone at Images?:		If yes, name of Builder Agent:	

Do you own your own land?:
<input type="checkbox"/> Yes, location of Land:
<input type="checkbox"/> No, where would you like to build?:

Style of House:		
<input type="checkbox"/> Ranch	<input type="checkbox"/> Cape (Unfinished Upstairs)	<input type="checkbox"/> Contemporary
<input type="checkbox"/> Raised Ranch	<input type="checkbox"/> Cape (Finished Upstairs)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Tri-Level	<input type="checkbox"/> Colonial	

Do you have any specific housing needs? :		
<input type="checkbox"/> # of Bedrooms: _____	<input type="checkbox"/> # of Bedrooms _____	<input type="checkbox"/> Handicap Facility
<input type="checkbox"/> Garage	<input type="checkbox"/> Decks	<input type="checkbox"/> Other: _____

IMAGES HOUSING CONCEPTS, Inc.

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