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# New Client Setup Checklist

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| COMPANY INFORMATION |
| Company name:  |  |
| Agent name & license #: |  |
| Billing address:  |  |
| Mobile number:  |  |
| Email address: |  |
| Additional contacts |  |
| Preferred contact method: |  |

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| CHECKLIST |
| [ ]  | Approximate number of deals per month: |  |
| [ ]  | Each client works differently. Please outline expectations of what is required of our transaction coordination. | Attach additional pages |
| [ ]  | Will you require services outside of transaction coordination?  |  |
| [ ]  | If you would like us to coordinate client inspections/quotes, please attach your preferred vendor list. |  |
| [ ]  | Where and how would you like invoices delivered? |  |
| [ ]  | Do you work with a specific contract software? |   |
| [ ]  | If you’d like our correspondence to your clients branded, please provide logos and artwork. |  |
| [ ]  | Would you be willing to provide a testimonial once service(s) are complete? |  |
| [ ]  | Referrals are the biggest compliment. Do you have colleagues to whom you think we could be of service? | Attach additional pages |
| [ ]  | Please provide any additional information you think will help our partnership run smoothly. | Attach additional pages |