|  |  |
| --- | --- |
|  |  |

# New Client Setup Checklist

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

|  |  |  |
| --- | --- | --- |
| 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 |