



Call received by: _____

Date call received: _____

Client Intake Sheet

New Client Contact Information

Company/Project Name: _____

Contact Full Name (and Title?): _____

Primary Phone: _____

Referral Source: _____

Property Information

Construction Type (check one): New Build Tenant Improvement Remodel

Property Type: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Specifics

Plans Drawn (circle one): Yes No

Desired construction state date: _____

Orientation and On-Site Assessment Meeting:

Let's schedule a time our General Contractor comes out to assess your needs and projected budget.

Site Visit Date: _____

Cell Phone & Email Address: _____

If No date ready to be scheduled Client's desired follow-up call scheduled for: _____

Notes: _____

Today's Date: _____

Please email to: Ask@Allin1Contractors.com or Fax #480-656-8872