



New Client Information Form

Full Name: _____

Phone Number: _____

Email: _____

Home Type:

Single Family Townhouse Apartment / Condo

Address: _____

of Bedrooms : _____

of Bathrooms : _____

Additional Rooms: _____

Square footage: _____

Services Being Requested (select all that apply):

Consultation Full Home Staging

Partial Home Staging / Redesign Paint / Lighting Consultation

Estimated Budget: _____

Referral: _____

Agent: _____

Preferred Payment Method:

Cash Check Wire Transfer

Please email completed form back to info@gsdhomestaging.com