



## Client Information Sheet

Seller's Name \_\_\_\_\_ Additional Seller \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_ 2nd Seller # \_\_\_\_\_  
 Total Sq. Footage \_\_\_\_\_ Price Range \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ 2nd Seller's Email \_\_\_\_\_  
 Agency \_\_\_\_\_ Agent \_\_\_\_\_  
 Agent's Cell # \_\_\_\_\_ Agent's Email \_\_\_\_\_

Will the Seller be paying for the consultation?      Yes      No

Comments:

Date of Photo Shoot

Comments: Please list below if you have any concerns or comments regarding this property; we are here to help.

## For Office Use Only

Date and Day

Time

Fee

Stager

Trello      Yes      No      Comments

Date Received

Date Invoice Sent

Invoice Number

Paid      Yes      No      Date Paid