



New Client Questionnaire on-line design

Date: _____

Client Name(s) _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Proposed Site

Address: _____

City: _____ Postal Code: _____

Phone # (Day): _____ Phone # (Evening): _____

E-mail: _____

Referral From

- | | |
|--|---|
| <input type="checkbox"/> Client Name: _____ | <input type="checkbox"/> Website |
| <input type="checkbox"/> Ad: _____ | <input type="checkbox"/> Lawn Signs |
| <input type="checkbox"/> Friends/Family: _____ | <input type="checkbox"/> Letters/Mailings |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yellow Pages |

Clients Professions _____

Purpose of Landscape _____

Type of Work Interested In

- | | |
|--|--|
| <input type="checkbox"/> Complete design + build | Notes:

_____ |
| <input type="checkbox"/> Design | |
| <input type="checkbox"/> Fencing | |
| <input type="checkbox"/> Garden maintenance | |
| <input type="checkbox"/> Grading | |
| <input type="checkbox"/> Sod | |
| <input type="checkbox"/> Interlock | |
| <input type="checkbox"/> Natural stone | |
| <input type="checkbox"/> Planting | |
| <input type="checkbox"/> Pool | |
| <input type="checkbox"/> Spa | |
| <input type="checkbox"/> Retaining wall | |
| <input type="checkbox"/> Water feature | |
| <input type="checkbox"/> Wood structures | |
| <input type="checkbox"/> Other: _____ | |

Budget: _____