



CUSTOMER SURVEY

Date: _____ Time: _____ Bathroom Designer: _____

First Name: _____ Last Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Email: _____

Additional Info: _____

How did you hear about (your company name)? _____

- | | | | |
|--|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Signage | <input type="checkbox"/> Vehicle Graphics | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Sales Call | <input type="checkbox"/> Show or Event | <input type="checkbox"/> Other |

PROJECT STATUS & REMODELING CRITERIA

1. How did you hear about us? _____
2. How many baths in the home? _____ Which bath(s) will we be remodeling? _____
3. Who will be the primary user(s) of your new bath(s)? _____
4. How do you envision your bathroom(s) when our job is finished? _____

5. What do you like *most* about your current bath? _____

6. What do you like *least* about your current bath? _____

7. What would you like us to change in your current bath? _____

8. Are you considering a walk-in tub or other accessibility options? YES NO
9. Have you seen a bathroom that's caught your attention? YES NO
10. What did you like most about it? _____

11. Age of home: _____ Years you've lived here: _____ Years you plan to live here: _____
12. How long have you been considering remodeling your bathroom? _____
13. What's prevented you from acting on your plan before now? _____

14. What other home improvement projects have you been considering? _____

WHAT ARE THE KEY DECISION FACTORS?

COMPANY

PRODUCT



TUB AND SHOWER SURROUND WALL SYSTEM MEASUREMENT FORM

Customer Name: _____ Date: _____

Measured by: _____

SELECT ONE: TUB SHOWER

COLOR _____

BACK WALL A _____ Height B _____ Width

SOAP DISH WALL C _____ Height D _____ Width

PLUMBING WALL E _____ Height F _____ Width

CEILING G _____ Depth H _____ Width

SHOWER BASE I _____ Height J _____ Width

WINDOW CUT OUT _____ Height

PANEL TO CEILING _____ Height

PANEL TO TOP OF TILE _____ Height

If wall system fits to top of tile, measure end walls A and E from floor to top of tile.

