



## 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: \_\_\_\_\_

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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"/> Trade Show       | <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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. How would you prefer to fund this project (circle one)?

Cash

Monthly Plan

Credit Card

16. If Cash, explain timing (check, CD, Home Equity, settlement, etc)

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17. If Monthly Plan, circle a comfortable payment range:

\$150 - \$200

\$200 - \$250

\$250 - \$300

18. For a project like this, are you able to put down a small deposit (circle one)?

YES

NO

WHAT ARE THE KEY DECISION FACTORS?

COMPANY

PRODUCT

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# 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.

