

DESIGNER REFERRAL FORM



DESIGNER INFORMATION

DESIGNER NAME:	DATE:	
COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
OFFICE PHONE:	CELL PHONE:	
EMAIL:		

MAILING ADDRESS FOR COMMISSION CHECK IF DIFFERENT FROM ABOVE:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CHECK PAYABLE TO:			
Note: Checks payable to individuals or sole proprietorships will be issued a 1099.			
OFFICE USE ONLY:	REFERRAL #	COMMISSION AMOUNT:	DATE PAID:

CUSTOMER INFORMATION

CUSTOMER NAME:		
ADDRESS:	APT. #:	
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	
BUSINESS PHONE:	BEST TIME TO CALL:	
EMAIL:		
ROOMS TO MEASURE:		
1	5	
2	6	
3	7	
4	8	
WILL CUSTOMER TAKE DOWN EXISTING CLOSETS?:	YES	NO (additional charge applies)
ADDITIONAL COMMENTS/DESIGN DISCUSSED:		